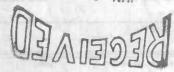
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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CEDTICICATE OF DEATH

18				CLKI	11107	716	OI DEAI				Reg. D	ist. No.	96	
1)	PLACE OF DEATH o. COUNTY	Cecil		MAR	YLAND	2. US	UAL RESIDENCE (V STATE Marj	Where dec		lived. If institution b. COUNTY		nce befor		ion)
	b. CITY OR TOWN (I RURAL and give no POLTY	If outside corporate limi egrest town) POINT	Y IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Aberdeen										
	OR INSTITUTION	TAL (If not in hospital, g Administrat				d.	STREET ADDRESS Bush	n Cha	pel	L Road			-	SIDENCE FARM?
3.	NAME OF DECEASED (Type or print)	Fir AL	FRED	Middle (NIM			BATTLE	4. DA		Mon Ju		13	<b>'</b>	Yeor 19 57
	Male Male	6. COLOR OR RACE	WIDOWI	DIVORC	ED 🔲	4	OF BIRTH			9. AGE (In years lost buthdoy) 62 yrs.	Months	Doys	Hours	ER 24 HRS. Min.
10	during most of work	ON (Give kind of work of king life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11	North Ca			untry)		USA	F WHAT	COUNTRY?
13.	FATHER'S NAME	Richard	Batt]	Le		14. A	Sophie	(?)						
15.  Ye		R IN U. S. ARMED FOR (If yes, give wor or dates of s		social security N unknown		ospi	tal Recor	rds,	VAH	Add H, Perry		t, M	ld.	
		ATH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO	Ure	ne for (o), (b), ond (c		oiso	ning					ONS	ERVAL BE ET AND INKNO	DEATH
	Conditions, if a gove rise to i couse (o), stoting lying couse lost.	mmediate (		conic glom	erulo	onep	hritis					u	ınkno	wn
CERTIFICATION	PART II. OTH	HER SIGNIFICANT CON	Arte	rioscleros	sis,	gene	eral, sev	ere	-	unkno		RT 1(a)	PERFO	AUTOPSY DRMED?
	OR CONTRIBUTING	MEDICAL EXAMINER)	200. 065	CRIBE HOW INJURY					ren	II of item 18.)				fr.
MEDICAL	20c. TIME OF INJUR Hour a. j., p. m.	VA 19	While of wor	Not while of work	20e. PL/ foo	ACE OF	INJURY (Home, for eet, office bldg., e	rm, 20f.	(City	or town)		(County)		(Stote)
		atthattended the			16 t death	accui	19 <u>57</u> , ta J	une :	13 from	19 <u>57</u>	ind an t	the date	le state	described abave.
	ACTUAL SIGNATURE	W. Oy	M	ær			V.A. Hosp	ADDRE	S (Str	eet, city or town,	stote)	Md.		13-57
	PHYSICIAN'S NAME (Type)	W. OPPLER					Director	Pr	ofe	essional	Serv	ices		
22	BURIAL CREMATIO REMOVAL (Specify)		5.7	Mt. Ca.	Lvary		ATORY			on (City, town, o			(Stote	e)
23.	Tarring F	s signature for	e, At	erdeen,	1.		24g. RE	C'D BY RE	GISTR 7-4	AR 24b. REGIS	TRAR'S SI	GNATUR	P	101

CERTIFICATE OF DEATH

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	U	16	CEKTIFIC	AIE OF	DEAIL	1		Reg. Dis	st. Na.	96	
1. PLACE OF DEAT o. COUNTY	H Cecil		MARYLAND	2. USUAL RES	Maryl		d lived. If instituti b. COUNTY		ce befor	e odmiss	ion)
b. CITY OR TOW RUPAL and gi	/N (If outside corporate lim ve searest town)	its, write	c. LENGTH OF STAY IN 16		TOWN (If o		rate limits, write R	URAL ond	give nea	rest town	)
OR INSTITUTI	OSPITAL (If not in hospital, on Administrat			d. STREET		Avenu	ıe		ľ		IDENCE FARM? NO.IC
3. NAME OF DECEASED (Type or print)	WAL	nt TER	Middle L e	BEAUC		4. DATE OF DEATH	Mor Jur		Day 16		Year 19 57
5. SEX Male	6. COLOR OR RACE White	7. MARR	ED DIVORCED	8. DATE OF BIR 3-16-			9. AGE (In years last birthday) O2 yrs.	IF UNDER Months	1 YEAR Days	Hours	R 24 HRS. Min.
10a. USUAL OCCUP during most of Signa	working life, even if refired		KIND OF BUSINESS OR IND nnsylvania R.		ACE (Stote		ountry)	US		F WHAT	COUNTRY
13. FATHER'S NAME	Tubman T. Ba	aucha	mp	14. MOTHER	MAIDEN N				U		
15. WAS DECEASED (Yes, no. or unknown) Yes	EVER IN U. S. ARMED FOR	vervice)		INFORMANT Ospital I	Record	s, VAH	Add I, Perry		, Mo	1.	
	DEATH [Enter only one or DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	B:	ronchopneumoni						ONS	RVAL BE ET AND to	oeath 96 hr
gove rise t	o immediate DUE TO ost.		lasma cell mye	eloma lum	bar we	rtebr	a		u	nkno	wn
450	OTHER SIGNIFICANT CON	Ar	contributing to DEATH BU terioscleroais	, genera	1, mod	ierate	- unk	OWN	T 1(o) 19	PERFO	AUTOPSY RMED?
U (IF EITHER, NO	WAS UNDERLYING [] TING [] CAUSE OF DEATH TIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature	of injury in 1	Port 1 or Part	t II of item 18.)				
Hour o.	NJURY Month, Day, Ye st. m. VA 19	While	NJURY OCCURRED 20e. P Not while t of work	PLACE OF INJURY actory, street, office	(Home, farm e bldg., etc.	, 20f. (City	ar town)	(0	County)		(State)
			ed from March 6	, 19 5	7, to Ju	ne 16	, 19.57		6000	WCHESC	CONTRACTOR OF CO
ACTUAL SIGNATURE	10 0	44	20000 and that deat	/		ADDRESS (SI	n the causes of treet, city or town, Perry Po	stote)		DA	ed above. TE SIGNED -17-57
PHYSICIAN'S NAME (Type)	W. OPPLER	11		Dir	ector,	Profe	essional	Servi	ces		
220. BURIAL, CREMA REMOVAL (Spe L'ENTOVA	(1) 6-17-57	0	22c. NAME OF CEMETERY OF Spesutia	Cemeter	Ţ.		non (City, town, oryman, M		nd	(State	•)
23. FUNERAL DIRECT	Patterson 8	Son	ADDRESS Perryville,	Md.	24o. REC'I	BY REGIST		STRAR'S SIC		Da	ung has

ineral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be cached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, or remaval, and in any event within 72 hays-after death.

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CERTIFICATE OF DEATH

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VS A15 (4) 15M 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

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AT	64	H	P	è.
IO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Pa	may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the neral dire	page 3 should be packed for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 start be filled	the registrar priar to burial, cremation, or removal, and in any event within 72 hours after death.
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		AND	STATE DEPARTA	MENT OF HE		BALTIM	ORE, 1			6197
1. PLACE OF DEATH	01	30					le of territorial	Reg. Dis		/
a. COUNTY	Cecil		MARYLAND	2. USUAL RESIDE	d.		b. COUNTY	_	cil	admission)
b. CITY OR TOWN (	If outside carporate limi	ts, write	c. LENGTH OF STAY IN 16			carporate li	mits, write RL	JRAL and gi	ive neares	it lawn)
RURAL and give n	kton		20 years	2/ E	lkton					
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in haspital, g	ive street	address)	d. STREET ADE		1.				IS RESIDENCE ON A FARM? (ES NO NO
3. NAME OF DECEASED (Type or print)	Salvad		Middle	CES pe de		ATE F EATH	Mont 6	h	24	Year 195
5. SEX	6. COLOR OR RACE	7. MARR	NEVER MARRIED	8. DATE OF BIRTH		9. AC	E (In years	IF UNDER		UNDER 24 HRS
M	Wh.	WIDOWI	ED DIVORCED	July 24,	1915	4	birthday) yrs.	Months	Days H	lours Min.
during most of war Auto ASS	ON (Give kind of work of king life even if retired embly	done 10b.	kind of Business or IND hrysler Pla			eign country			ZEN OF V	A.
3. FATHER'S NAME				14. MOTHER'S M	AIDEN NAME					
Juan	Cespedes	Gar	cia	Jua	nita (	Barci.	a			
S. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.		INFORMANT Catherine	Cespe		24 <b>Ke</b> Elk	ton,		
570.5 Conditions, if a gave rise to i comese (o), stating lying couse last.	mmediate (	Ab	dominal of	Ahesia	/	SMAL	1 00	we l	1.3	days.
PART II. OTI			CONTRIBUTING TO DEATH BU	UT NOT RELATED TO TH	TE TERMINAL D	ISEASE CON	IDITION GIVI	EN IN PART	1	WAS AUTOPSY PERFORMED? ES NO TY
PART II. OTI	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter nature of i	njury in Part I	or Part II of	item 18.)			
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Yes	20d. II While of wor	Nat white	PLACE OF INJURY (Ha factory, street, office b	me, farm, 20f	. (City or to	wn)	((c	ounty)	(Stote)
actual signature	nat A attended the	deceas 193	ed from 6/11  and that deal  for high	th accurred at.\$			causes are caused as a cause are caused as a caused are	nd an th		the decease stated abov DATE SIGNE
220. BURIAL, CREMATIC REMOMAL (Specify)	DN, 22b. DATE THEREO		22c. NAME OF CEMETERY Elkton Cen		22d.	LOCATION (	City, to fy, o	r county) Md.		(Stote)
23. FUNERAL DIRECTOR		El	Ston me	2	ATE 6/2-7			TRAR'S SIGI	NATURE	3-62

CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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ADDRESS

24g. REC'D BY REGISTRAR

e. IS RESIDENCE

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ON A FARM?

YES NO

USA

INTERVAL BETWEEN Approx. 30Days

PERFORMED?

YES NO

(Stote)

24b. REGISTRAR'S SIGNATURE

(State)

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SURERAL DIRECTORS SIGNATURE

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## BUREAU V.

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6216 CERTIFICATE OF DEATH

Reg. Dist. No. 200

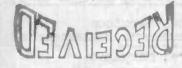
1. PLACE OF DEA o. COUNTY	Cecil		MARY	YLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY  Maryland							
b. CITY OR TO	VN (If outside corporate limite nearest town)	nits, write	c. LENGTH OF STAY		c. CITY OR TOWN (IF	outside corpor	rote limits, write R	URAL and g	ive nearest t	own)		
	y Point		9 yrs. 1	mo.	Balti	more	3 V 0	1-4		V		
QR INSTITUT					d. STREET ADDRESS				e. IS	RESIDENCE		
	Administrat		ospital		400 W	iest Sa	ratoga		YES	□ NO □		
3. NAME OF DECEASED (Type or print)	JO		Middle C •		FISCHER	4. DATE OF DEATH	Mor Ju	ne	Doy 19	Year 1957		
s. sex	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRI		B. DATE OF BIRTH 1-11-92		9. AGE (In years lost birthdoy) 5 yrs.		YEAR IF U	NDER 24 HRS.		
during most of Plun	working life, even it refire	done 10b.	Self-emple		TRY 11. BIRTHPLACE (Stote Marylan		ountry)	12. CITI		AT COUNTRY		
3. FATHER'S NAM	E				14. MOTHER'S MAIDEN	NAME						
	Unkno	wn			Unknow	n						
5. WAS DECEASE	EVER IN U. S. ARMED FO	service)	SOCIAL SECURITY NO	). 17. II	FORMANT		Add	ress				
Yes	WW I		217-07-116	Н	ospital Recor	ds, VA	H, Perry	Point	, Md.			
332;	DEATH [Enter only one of DEATH WAS CAUSED BY: IMMEDIATE CAUSE (	o) E	Bronchopneu	moni	a, right low				ONSET A	he death 5 days		
gove rise	ting the <u>under</u>	.3	ue to arte		a of frontal clerosis	and te	emporal 1	Lobes,	uni	cnown		
450.	0	Ar	terioscler		, general, se	INAL DISEASE	- unkno		PE	AS AUTOPSY REFORMED?		
	T WAS UNDERLYING  TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURREC	). (Enter nature of injury in	Port I or Port	1) of item 18.)					
Hour o	NJURY Month, Day, Yo . fr. . m. VA	While	NJURY OCCURRED  Not while  k ot work	20e. PLA foo	ACE OF INJURY IHome, form lary, street, office bldg., etc	n. 20f. (City	or town)	(Co	ounty)	(State)		
21. I certif	y that Cattended the	e deceas	ed from May 1	9	, 19 48 , to J	une 19	19.57	PPF6NI,	REPORTE	PERCENT		
					occurred at 12:45	PM, from	the Causes o	and on th	e date st	ated above		
ACTUAL SIGNATURE_	W.ll	gul			N.D. V.A. Hosp				id.	6-20-5		
PHYSICIAN'S NAME (Type)	W. OPPLER	11			Director,	Profe	ssional	Servi	ces			
220. BURIAL, CREA	ATION, 22b. DATE THERE 6-20-5		22c. NAME OF CEM Baltim		CREMATORY Vational	22d. LOCAT Bal	ion (City, town, ctimore,	or county) Marvla	n d	itote)		
							,	0				

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BUREAU V.

1961 SE 1967



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e. IS RESIDENCE ON A FARM? YES NO T Year IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 12. CITIZEN OF WHAT COUNTRY? ONSET AND DEATH hh PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TO (County) (Stote) \_\_.that I lost sow the deceased M, from the causes and on the date stated above. 22d. LOCATION (City, town, or county) (State) 24b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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BUREAU V. E.

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6217 CERTIFICATE OF DEATH

06202 Reg. Dist. No.

	UWI				Keg. Dist	. No.
1. PLACE OF DEATH o. COUNTY	Cecil	MARYLAND	2. USUAL RESIDENCE (WHO STATE Pennsy	. h.cc	nstitution: Residence	before admission)
RURAL and give near			c. CITY OR TOWN (IF o	outside carporate limits,	vrite RURAL and give	ve nearest town)
Perry Po		Blyrs.9mo.26da		elphia 7	5 X - 3	
OR INSTITUTION	(If not in hospital, give s		d. STREET ADDRESS 2903 R	ichmond		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First JOHN	Middle (NMI)	GILL	4. DATE OF DEATH	Month June	Doy Yeor 20 19 57
Male	White wit	MARRIED NEVER MARRIED DE	8. DATE OF BIRTH 3-15-92	9. AGE (In lost burth		YEAR IF UNDER 24 HRS Days Hours Min.
0a. USUAL OCCUPATION during most of workin	g life, even if refired)	106. KIND OF BUSINESS OR INDU Unknown	STRY 11. BIRTHPLACE (Stole Pennsylva		12. CITIZ	EN OF WHAT COUNTR
3. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME		
	Unknown		Unknown			
5. WAS DECEASED EVER			NFORMANT		Address	
(Yes, no. or unknown) (If	yes, give wor or dates of service) WW I	Unknown H	lospital recor	ds, VAH, Pe	rry Point	t, Md.
PART 1. DEATH	WAS CAUSED BY: MMEDIATE CAUSE (o)  DUE TO  , which mediate  DUE TO	Pulmonary Edema.  Arteriosclerotic  Peritonitis acut	heart diseas			unknown
PART II. OTHER	UNDERLYING 1 20b.	Arteriosclerosis DESCRIBE HOW INJURY OCCURRE	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	ON GIVEN IN PART	
20c. TIME OF INJURY Hour a. jr. p. m.	v	Od. INJURY OCCURRED 20e. PL While Not while for twork at work	ACE OF INJURY IHame, farm clary, street, office bldg., etc.	20f. (City or town)	(Co	ounty) (State
21. I certify that	* attended the dec	ceased from August 2	19 25 to Ju	ne 20 1	9. 57: that total	KINGGWANA DIA ENGLI
ACTUAL SIGNATURE		and that death	occurred at 3:05 M.D. V.A. Hospi	DM, from the cau ADDRESS (Street, city or	ses and on the town, state) Point, M	DATE SIGNI
220. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF 6-22-57	22c. NAME OF CEMETERY C		22d. LOCATION (City, 1) Baltin	lawn, or county)	(State)
23. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS			REGISTRAR'S SIGN	NATURE /
Panningte	//	vre de Grace. Md.		- 26-57	REGISTRAR'S SIGN	5 Dem

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Crisfield

24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

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23. EUNERAL DIRECTOR'S SIGNATURE

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CERTIFICATE OF DEATH

BUREAU V. S.

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Pan Dist No

	Nag. 2111. 140.
1. PLACE OF DEATH o. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY  C. C
b. CITY OR TOWN (If outside corporate limits, write RURA) and give nearest lown)  RUYOF (ON OW) 1990 Md, 40 445	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \) NO \( \)
3. NAME OF DECEASED (Type or print)	aybeal A. DATE Month Day Year OF DEATH June 12 1957
5. SEX  Male Clinite WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years last birthdoy) wrs. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
Our Penter Retired Retired Retired	ISTRY 1. BIRTHPLACE (State or foreign country) 12. CHIZEN OF WHAT COUNTRY
Winton Graybeal	amanda Jones
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no. or uphnown) (If yes, give wor or dates of service)	W. Myrtle Grayl-eal Conowingo M
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	al Idenations Interval setween onset and death
Conditions, if any, which)  DUE TO  Conditions, if any, which)	Elizasis 2 m
gave rise to immediate cause (a), stoting the <u>under-lying cause last.</u> DUE TO  (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20g. ACCIDENT WAS UNDERLYING CONTRIBUTING COURRE OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter nature of injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to fa work p. m. 19 at work of work 19	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) clory, street, office bldg., etc.)
21. I certify that I attended the deceased from 125 7, and that death	1, 1957, to Market 1, 1957, that I last saw the deceased a occurred at Market M, from the causes and on the date stated above.
ACTUAL PRANCES ON	ADDRESS (Street, city or town, state)  DATE SIGNED  M.D.  DATE SIGNED
PHYSICIAN'S FS SINGLAND	me D'
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF GEMETERY OF SULLA	CREMATORY (8 22d. LOCATION (City, town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE  L'Oall Syson, Pusing	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6220 CERTIFICATE OF DEATH

06205

Reg. Dist. No. 96

1. PLACE OF DEATH a. COUNTY	Cecil		MARY	LAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY  Maryland							
b. CITY OR TOWN (If RURAL and give ne	outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If outside corp	orate limits, write	RURAL and	d give near	est town	)	
RURAL and give ne			6 days			cimore	340	1-4			/	
OR INSTITUTION	Al (If not in hospital, g dministrat		Columbia and the columbia		d. STREET ADDRES 2801		Avenue		е		FARM?	
3. NAME OF DECEASED (Type or print)	Fir LO	ÜIS	Middle J.		GROSS	4. DATE OF DEATI	, Ju	nth ne	6 Day		160r 1957	
5. SEX Male	6. COLOR OR RACE Negro	7. MARR	NEVER MARRIE		8. DATE OF BIRTH 3-31-14		9. AGE (In years lost, bushday) 43 yrs.	Months	R 1 YEAR I	Hours	R 24 HRS. Min.	
10a. USUAL OCCUPATIO during most of work Labor	N (Give kind of work on life, even if retired	done 10b.	KIND OF BUSINESS OF Unknown	RINDU	STRY 11. BIRTHPLACE (S Maryla		country)	1	ITIZEN OF	WHAT	COUNTRY	
TATHER'S NAME					14. MOTHER'S MAIDE	EN NAME						
)	Louis Gro	SS			Maggie	Johnson	1					
5. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. 11	NFORMANT		Add	dress				
Yes. no. or unknown)	If yes, give wor or dates of s		17-07-1731	Но	spital Reco	ords, VA	H, Perry	Poir	nt, Mo	i.		
PART I. DEAT  / 5 / ×  Conditions, if an gave rise to in cause (o), stoting I lying cause last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  Ty, which (b) mediate (c)  He under- (c)	Car		the	stomach wit				ONSE	unkn	OWn	
3		DITIONS C	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TE	ERMINAL DISEA	SE CONDITION GI	VEN IN PA		PERFO	RMED?	
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CURRE	D. (Enter noture of injury	r in Port 1 ar Pa	rt II of item 18.)	P.F				
Y 20c. TIME OF INJURY Hour o. ji. p. m.	Month, Day, Yes	While	NJURY OCCURRED  Not while  at work	20e. PL/ foo	CE OF INJURY (Home, story, street, office bldg.,	farm, 20f. (Ci	y or town)		(County)		(Stote)	
21. I certify the	at¥attended the	decease	ed from May 3.	1	1957 ta	June 6	19 5	7:000	966°56	PARC	X2838	
					occurred at 4:3	ADDRESS (	m the causes of Street, city or town, Perry Po	and an state)	the date	state DA	d abave TE SIGNEI	
PHYSICIAN'S NAME (Type)	W. OPPLAR				Director	r, Prof	essional	Servi	ices			
220. BURIAL, CREMATION REMOVAL (Specify) TEMOVAL	4, 226. DATE THEREO	F	22c. NAME OF CEME Baltim		R CREMATORY National		ATION (City, town, Baltimore			(State	:)	
23. FUNERAL DIRECTOR'S	_ //	Hayre	ADDRESS de Grace,	Md		REC'D BY REGIS	1. 1	STRAR'S S	E. &	Can	ghe.	

1921 II NOC

BUREAU V. 2

STAR OF STREET, STREET

Elkton, Md

e. IS RESIDENCE

ON A FARM?

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Min.

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IF UNDER 24 HRS.

Hours

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO D

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Days

MEDICAL A15ME(5)

100 P.S. 1957

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6200 1 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY b. COUNTY MARYLAND death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) pe RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION union YES NO X NAME OF 4. DATE Month Year DECEASED (Type or print) DEATH 19 5 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months WIDOWED TO DIVORCED T USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE/(State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME offer 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: cusory hu 2 410 IMMEDIATE CAUSE (o) DUE TO Terio sclerosis Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS Y PERFORMED? YES NO IN 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day. Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that I attended the deceased from 17 June 1957, to 18 JUHC \_\_\_\_, 19\_57,that I last saw the deceased and that death occurred 250 Ac. M. from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL old bi SIGNATURE PHYSICIAN'S NAME (Type) FUNER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c\_NAME/OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole) page 0 EUNBRAL DIRECTOR'S SIGNATURE ADDRE 24g, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE

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TO FUNERAL DIRECTORS Should be the registrar prior VS A15 (4) 15M 9/55

DEECASED   COLOR OR RACE   T. MARRIED   DIVORCED   DI			CERTIFICA	AIL OF DEATH			Reg. Dist. N	lo. 96	
Perry Point  d. MAME OF HOSPITAL (I foot in hospital, give street odders)  d. STREET ADDRESS  d. STREET ADDR	1. PLACE OF DEATH o. COUNTY	Cecil	MARYLAND	o. STATE	THE WATER		on: Residence be	efore admis	sion)
d. STREET ADDRESS  (In STRIPTION CONTROLLING IN COLOR OR RACE IN MADRIED   Interest of the Color	RURAL ond give r	nearest town)				le limits, write R	URAL ond give	nearest tow	n)
Veterans Administration Hospital   1233 Salem Avenue   785   No.   7	d. NAME OF HOSPI	ITAL (If not in hospital, give st			town	1-100	Tiester		
DECEASED (Type or pind)  JOHN  T. HYNES  DEATH  JUNE  OCATH  JUNE  OCA			Hospital	1233 Sa	lem Ave	nue			
S. SEX   6. COLON OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   10. UNDER 1 YEAR   IF UNDER 2 HER   IF UNDER 2					OF				
Male   White   WIDOWED   DIVORCED   11-21-83   73 yr.   Months   Doys   Hours   Min.								-	
Miner   Coal Mine   Pennsylvania   USA    13. FATHER'S NAME   Unknown   14. MOTHER'S MAIDEN NAME   Unknown    15. WAS DECEASEDEVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   Unknown   Unknown   Hospital Records, VAH, Perry Point, Md,    18. CAUSE OF DEATH [Enter only one course per line for (e), (b), and (c).]   PART I. DEATH WAS CAUSED BY:   Bronchopneumonia, left lower lobe   ONSET AND DEATH   Conditions, if only, which gove rise to immediate course (e), itoling the under   ODUE TO   Conditions, if only, which gove rise to immediate course (e). Itoling the under   ODUE TO						lost birthday)			
13. ATHER'S NAME	during most of war	ON (Give kind of work done rking life, even if retired)				ntry)	12. CITIZEN	OF WHAT	COUNTRY
Unknown  15. WAS DECEASEDEVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  Address  WIN I Unknown  Hospital Records, VAH, Perry Point, Md.  18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]  PART IL DEATH WAS CAUSE DY  GAMEDIATE CAUSE (o)  Bronchopneumonia, left lower lobe  Conditions, if ony, which gave rise to immediate course (o), totaling the water of the course of injury in Part I or Part II of item 18.)  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)  21a. I certify that caltended the deceased from March 26			Coal Mine				USA		0.30
15. WAS DECEASEDEVER IN U. S. ARMED FORCES?  Text. no. or windown  16. SOCIAL SECURITY NO.  17. INFORMANT  18. CAUSE OF DEATH  18. CAUSE OF DEATH  19. PART I. DEATH WAS CAUSE (b)  19. PART II. DEATH WAS CAUSE (c)  19. PART II. OPER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)  19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)  19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)  19. WAS AUTOPS?  10. DESCRIBE HOW INJURY OCCURRED.  19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)  19. WAS AUTOPS?  10. DESCRIBE HOW INJURY OCCURRED.	IS. FATHER'S NAME	** 1			VAME			1961	
Test	15 WAS DECEASED BY		14 COCIAL CECURITY NO. 17 IN						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  MAMEDIATE CAUSE OF BY:  MAMEDIATE CAUSE OF DEATH  Conditions, if only, which gave rise to immediate couse (a), stoting the under couse (a), stoting the under couse (b), stoting the under couse (b), stoting the under couse (a), stoting the under couse (b), stoting the under couse (b), stoting the under couse (c).  PART II. DEATH WAS CAUSE OF DEATH  DUE TO  Conditions, if only, which gave rise to immediate couse (a), stoting the under couse (b), stoting the under couse (c), stoting the under couse (c).  PART II. DEATH WAS CAUSE OF DEATH  DUE TO  Conditions, if only, which gave rise to immediate couse (c), stoting the under couse (	(Yes, no. or unknown)				s. VAH.			Ma.	
PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (c)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), toting the under lying cause lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPS PERFORMED?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPS PERFORMED?  PERFORMED?		ATH [Enter only one cause p			9 VAMA 9	70.			ETWEEN
Due to  Conditions, if ony, which gave rise to immediate couse (o), toting the under touse (o), toting the under thing couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTION OF CONTRIBUTI		ATH WAS CAUSED BY		left lower	lobe			NSET AND	DEATH
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gave rise to immediate couse (a), stoting the under-lying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  Emphysema, bilateral, severe — unknown. Arteriosclerosis, general, severe PERFORMED?  To CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH  IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (State of Injury in Part 1 or Part II of item 18.)  21. I certify that Lattended the deceased from March 26, 19.27, to June 26, 19.57, Marking provided and the date stated about the part of the causes and on the date stated about the county of the causes and on the date stated about the causes and on the date stated about the county of the causes and on the date stated about the cause and on the date state	Conditions if	anu sublah Y	Arterioscleratic	heart diceso	e seve	ma		unkn	OMED
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?  YES NO CONTRIBUTING CAUSE OF DEATH III. OTHER NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING COURSED. (Enter noture of injury in Port I or Port II of item 18.)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work of work of work.  21. I certify that Lattended the deceased from March 26, 19.27, to June 26, 19.57, Notic to Store Outs Signature.  22. I certify that Lattended the deceased from March 26, 19.27, to June 26, 19.57, Notic to Store Outs Signature.  23. ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  W. OPPLIER  M.D. V.A. HOSPITAL, Perry Point, Md.  24. REGISTRAR'S SIGNATURE  ADDRESS (Store) Outs Thereof Common Country Cou	gave rise to couse (a), stating	immediate DUE TO	112 002 2000202 0020		0, 0010			unit.	JW21
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of wor	PART II. OT		NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM!	NAL DISEASE O	CONDITION GIV	EN IN PART 1(o	19. WAS	AUTOPSY
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of wor	Emphyse	ema, bilateral,	severe - unknown	n. Arteriosc	lerosis	, genera	l, sever		
21. I certify that Lattended the deceased from March 26 19.27., to June 26 19.57 marking from the date stated about the course and an the date stated about the course of the course and an the date stated about the course of the course and an the date stated about the course of the course of the course and an the date stated about the course of the course o	200. ACCIDENT WOR CONTRIBUTING	AS UNDERLYING 20b. G CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED	). (Enter nature of injury in I	Part 1 or Part II	l of item 18.)	(unknow	1	
ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  W. OPPLET  220. BURIAL, CREMATION, REMOVAL (Specify)  Temoval (Specify)  ADDRESS (Street, city or town, stole)  DATE SIGNATURE  M.D. V.A. Hospital, Perry Point, Md.  Director, Professional Services  220. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)  1 Company (Stole)  PHYSICIAN'S NAME (Type)  Physician's Name of Cemetery or Crematory REMOVAL (Specify)  1 Company (Stole)  Physician's Signature  221. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)  1 Company (Stole)  Physician's Signature  222. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)  1 Company (Stole)  Physician's Signature  223. FUNSABL DIRECTOR'S SIGNATURE  ADDRESS  246. REGISTRAR (24b. REGISTRAR'S SIGNATURE	Hour a. j.	· w	hile Not while foc	ACE OF INJURY (Home, farm lary, street, office bldg., etc.	20f. (City o	r lown)	(Count	(y)	(State)
ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  W. OPPLET  220. BURIAL, CREMATION, REMOVAL (Specify)  Temoval (Specify)  ADDRESS (Street, city or town, stole)  DATE SIGNATURE  M.D. V.A. Hospital, Perry Point, Md.  Director, Professional Services  220. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)  1 Company (Stole)  PHYSICIAN'S NAME (Type)  Physician's Name of Cemetery or Crematory REMOVAL (Specify)  1 Company (Stole)  Physician's Signature  221. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)  1 Company (Stole)  Physician's Signature  222. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)  1 Company (Stole)  Physician's Signature  223. FUNSABL DIRECTOR'S SIGNATURE  ADDRESS  246. REGISTRAR (24b. REGISTRAR'S SIGNATURE	21. I certify ti	hat Lattended the dec	eased from March 26	, 19.27_, to Ju	ne 26	19.57	. Markidas	southe	700/204
NAME (Type) W. OPPLER  220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 6-27-57  22c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Hagerstown, Md.  22d. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE	ACTUAL		and that death	occurred at 6:55	D.M., from ADDRESS (Sire	the causes a et, city or town,	nd an the c	date stat	ed abav
22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 1°C MO VAL  22c. NAME OF CEMETERY OR CREMATORY Unknown  1°C MO VAL  22d. LOCATION (City, town, or county) Hagerstown, Md.  22d. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE		W. OPPLER		Director.	Profess	sional S	ervi ces		
REMOVAL (Specify) 6-27-57 Unknown Hagerstown, Md.  23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REGISTRAR 246. REGISTRAR'S SIGNATURE	220. BURIAL, CREMATIC	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY OF						le)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR 24b. REGISTRAR'S SIGNATURE	removal (specify	6-27-57	Unknown						
Perminoton Ason Harne de Grace Nd. DATE 6-28-57 2	23. FUNERAL DIRECTOR	P'S SIGNATURE	ADDRESS	24a. REC'				TURE	1
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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loor	Du Lema		PLACE OF DEATH						NCE (Whe	ere decea	sed lived. If institu		dence bef	ore odmi	ssion)
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3ge	lo r	1	o. CITY OR TOWN and give necrest to	(If outside corporate limits, w	rite RURAL	c. LENGTH OF STAY IN	16	c. CITY OR TO	WN (If ou	itside cor	porate limits, write	RURAL o	nd give n	earest ta	wn)
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director les.	Jour 65	L	d. NAME OF HOSE	1///	A U	spitol/give street address)		d. STREET ADD	PRESS					ON	A FARM?
rol o	or to	3.	NAME OF DECEASED	F	irst	Middle		Last	4.	DATE	Mont	h	Day	Y	fear
You	200		(Type or print)	Willia	m	A		Lair		DEATH	6		3	1	9 57
he f	e e	5. 5	SEX	6. COLOR OR RACI	7- MARRI	IED MEVER MARRIED	3 8.	DATE OF BIRTH			9. AGE (In years tast birthday)				ER 24 HRS.
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eto o	¥ /	100	. USUAL OCCUPATION OF WORLD	TION (Give kind of work king life, even if retired	k done 10b.	KIND OF BUSINESS OR IN	DUSTR	Y 11. BIRTHPLACE	(State or	foreign o	country)	12. CI	TIZEN OF	WHAT	COUNTRY
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. 6.	-/	13.	FATHER'S NAME	R				14. MOTHER'S MA					-		
5 %	S C C C C C C C C C C C C C C C C C C C		Be	njamin La	ir			Mary	Jane	Ri:	ttenhous	se			
Page	0	15. (Yes	WAS DECEASED E	EVER IN U. S. ARMED F		SOCIAL SECURITY NO.	7. INI	ORMANT			Address				
> 0			no					Wm Lus	by.	Elk	ton, Md				
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pen Jer	9	RTIFI	20g. EXTERNAL C PRIMARY D'or CI CAUSE OF DEATH	AUSE WAS	20b. DESCRIB	E HOW INJURY OCCURRE	D. (Ent	ter noture of injury	in Port I	or Port II	of item 18.)				
PE	9		CAUSE OF DEATH		Fell	down cells	22 - 6	tona							
WO X	Should	CAL	20c. TIME OF INJ		eor 20d. Whit		PLACE	OF INJURY (Homy, street, office blo	e, form, i	20f. (City	y or town)	(C	ounty)	741	(Slote)
9 00	n / '	MEDI	2 40p. m			ork ot work		mo		I	Elkton	- 0	2017	M	d.
Me	e Co	1	21. I certify	that I took charg	e of the	remains described			utopsy		nspection 🕞	Inqu	iry .	and	find tha
wri	ä		death resulte	d from: Natura	Lcauses [	, Accident 4	Suici	de 🔲, Hom	nicide [	], U	ndetermined o	ause [	]. 🖺		
ote,			(/	11/1/	100	10 11 10									
Piffic	5 0		SIGNATURE /	CONO	UCA	acre (		M.D. CHIEF MEDI	ICAL EXAM	AINER 🗌				DATE S	IGNED
to the	/		PV 4 441 PP 16		7			ASSISTANT	MEDICAL	EXAMINE	R 🔲				
the	removol		EXAMINER'S NAME (Type)	R.C. Dods	on			DEPUTY ME	DICAL EXA	AMINER [	3		6-3	-57	
5 6	L L	220	BURIAL, CREMAT	ION, 226. DATE THERE	OF	22c. NAME OF CEMETERY	OR C	REMATORY	2	2d. LOCA	TION (City, town,	or county)		(Stote	0)
04	2 °		Burial	6 5 5	7	Zion				T	Jorth Es	et 1	R D	Md.	
S. A15M	E(5)	230	THERAC DIRECTO	IP'S STEMATURE		ADDRESS			. REC'D B			STRAR'S S	CNATUR	E	1 1 1 1 1 1 1
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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06212

6225 **CERTIFICATE OF DEATH** 

96 Reg. Dist. No.

PLACE OF DEATH     O. COUNTY	Cecil		MARYI	LAND	2. USUAL RESIDENCE (W		d lived. If instituti b. COUNTY	on: Reside	ence befo	re admis	ion)
b. CITY OR TOWN (III RURAL ond give ne Perry	f outside corporate limitarest town)		ength of stay i		c. CITY OR TOWN (IF		orote limits, write R	URAL ond	give ned	rest tow	1)
d. NAME OF HOSPIT. OR INSTITUTION Veterans Ad	AL (If not in hospitol, o				d. STREET ADDRESS	Rodge					FARM?
3. NAME OF DECEASED	Fir		Middle		Lost	4. DATE	Mon	th	Do		Year
(Type or print)	Dav		C.		Langhorne	OF DEATH	Jur	le	18		19 57
5. SEX	6. COLOR OR RACE White	7. MARRIED			8. DATE OF BIRTH 12-?-93		9. AGE (In years lost birthdoy) 63 yrs.	IF UNDE Months	R 1 YEAR Days	IF UNDI Hours	R 24 HRS. Min.
10a. USUAL OCCUPATIOn during most of work Elect		done 10b. KIND	•	_	Virgini				ITIZEN O	F WHAT	COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	Unkn				Unknown						
15. WAS DECEASED EVER	R IN U. S. ARMED FOR lif yes, give wor or dates of s WW I	arvice)	al security no. known		spital Recor	ds, VA	H, Perry		t, M	d.	
Conditions, if are gove rise to in couse (a), stoting t lying couse lost.  PART II. OTH	the under (c)	Coron Tuberc Ditions CONT Arteri	ulosis, RIBUTING TO DEA	t di pulm TH BUT is,	unresolved, Lsease, sever nonary, inact NOT RELATED TO THE TERM general, sev	e ive (c MINAL DISEAS ere —	linical) E CONDITION GIV	EN IN PA		unkn unkn	own
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  Month, Day, Yea			20e. FLA	ACE OF INJURY (Home, for tory, street, office bldg., et	m. 20f. (City			(County)		(State)
21. I certify the	W. OPPLEA	deceased f	rom March	death	occurred allo:20  No. V.A. Hosp	AM, from ADDRESS (Stital, )	n the causes a freet, city or town. Perry Poi	ind an i	the dat	le state	ded above. ATE SIGNED -18-57
220. BURIAL, CREMATION REMOVAL (Specify) PEMOVAL	6-18-57	F 22c	NAME OF CEME				orfolk, V		nia	(Stote	:)
Ponningto	7	zvre de	ADDRESS Grace, h	id.	24a. REC	D BY REGIST	RAR 24b. REGIS	TRAR'S SI	GNATUR	E	10:

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TE NUL			ALTERNATION OF	
BECEINE		CONTROL STATE	96-81-3	THE WAY
51/(\\ 1121\)) 51((11		The state of the s		

06213

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY b. COUNTY Cecil MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest town! 19 VIS Charlestown Xo Elkton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Union Hospital D. O. A. YES NO NAME OF 4. DATE Manth Year DECEASED OF DEATH (Type or print) Charles William 6-Laramore 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF SIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 8-11-1894 Months Days Mln. Hours 62 yrs. WIDOWED [ DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? Building Church Hill. Md. U.S.A. Carpenter Ret. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clough Charles Wm. Laramore 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Charles Laramore, Charlestown. Md. yes. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Acute Coronary Occlusion IMMEDIATE CAUSE (a) 420.1 DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (o), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO T 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) a. m. While Not while at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection . Inquiry K and find that death resulted from: Natural causes X. Accident . Suicide , Homicide , Undetermined cause | DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S 6-26-57 R.C. Dodson DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)

24g, REC'D BY REGISTRAR

DATE

24b. REGISTRAR'S SIGNATURE

VS. AISME(S)

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23. FUNERAL DIRECTOR'S SIGNATURE

BUREAU V. &

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VS A15 (4) 15M 9/55

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
6226	CERTIFICATE	OF DEATH	

06256
Reg. Dist. No. 96

SEX   S. COLOR OR RACE   7. MARRIED   S. DATE OF BIRTH   9. ACE (in year)   IEUNDER 12 HAS   FUNDER 22 HAS   Maniha   Dony   Month   Dony					wag. o	7731, 140.
RURAL COS PROSTRAL (If not in hospital, give street oddress)  d. NAME OF HOSPITAL (If not in hospital) give street oddress)  d. NAME OF HOSPITAL (If not in hospital)  d. NAME OF HOSPITAL (If not in hospital)  d. NAME OF HOSPITAL (If not in hospital)  d. STREET ADDRESS  ON A FARMY  1903—15th Street, N.W.  e. IS RESIDENCE  ON A FARMY  FREDERTICK  (NMI)  LE COUNTE  DEATH  June  30  1957  SEX  6. COLOR OR RACE (I. AMERICE)  NOUNDED  DIVORED  DIVORED  DIVORED  DIVORED  DIVORED  DIVORED  DIVORED  DIVORED  DIVORED  WINDOW  TO HOSPITAL (IN HOSP 24 HES.)  ACCUPATION (Give kind of work does not live kind of work does of life. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  WINDOW  TO HOSPITAL (IN HOSP 24 HES.)  WINDOW  WINDOW  WINDOW  WINDOW  WINDOW  TO HOSPITAL (IN HOSP 24 HES.)  WINDOW  WINDOW  WINDOW  12. CITIZEN OF WHAT COUNTRY  WAS DECEASED EVER IN U.S. ARMED FOREST 16. SOCIAL SECURITY NO.  17. INFORMANT  WAS DECEASED EVER IN U.S. ARMED FOREST 16. SOCIAL SECURITY NO.  TO HOSPITAL (IN HOSPITAL (IN HOSPITAL SETWEEN ONE)  WAS DECEASED EVER IN U.S. ARMED FOREST 16. SOCIAL SECURITY NO.  TO HOSPITAL (IN HOSPITAL SETWEEN ONE)  WAS DECEASED BY:  WAS DEC	o COUNTY	Cecil	MARYLAND	o. STATE		ence before admission)
A SAME OF HOSTITAL (If not in bepinol, give tree address) O'R NAME OF HOSTITAL (If not in bepinol, give tree address) O'R NAME OF HOSTITAL (If not in bepinol, give tree address) O'R NAME OF O'R NAME OF HOSTITAL (If not in bepinol, give tree address) O'R NAME OF O'R NAME OF HOSTITAL (If not in bepinol, give tree address) O'R A RANG O'R A RANG O'R A RANG O'R NAME OF HOSTITAL (If not in bepinol, give tree and the state of part of	b. CITY OR TOWN (If ou RURAL and give neares	tside corporate limits, wast town?		c. CITY OR TOWN (If o	autside carporate limits, write RURAL and	3 give nearest town)
Veterans Administration Hospital   1903-15th Street, N.W.   TES   NO   DECAME OF DEC	Perry Po	int	1 mo. 3 days	Washi	ngton 47x-5	3
Veterans Administration Hospital   1903-15th Street, N.W.   TES   NO   DECAME OF DEC	d. NAME OF HOSPITAL (	If not in haspital, give s	treet address)	d. STREET ADDRESS		e. IS RESIDENCE
MARE OF   First   Middle   Lost   Seath   John   Doy   Year   1957	Veterans Ad	ministratio	n Hospital	1903-	15th Street, N.W.	
SEX	3. NAME OF DECEASED (Type or print)				OF	
Male Negro widowed on Divorced 9-12-89  Outsult Occupation (Give kind of work done)  Itaborer  Washington, D. C.  USA  Itaborer  Washington, D. C.  USA  Itaborer  Itaborer  Daniel LeCounte  Itaborer  Itaborer  Daniel LeCounte  Itaborer  Itaborer  Daniel LeCounte  Itaborer  Itaborer  Itaborer  Itaborer  Daniel LeCounte  Itaborer  Itaborer  Itaborer  Daniel LeCounte  Itaborer  Itaborer  Itaborer  Itaborer  Daniel LeCounte  Itaborer  Itaborer  Itaborer  Itaborer  Itaborer  Daniel LeCounte  Itaborer  Itaborer  Itaborer  Itaborer  Daniel LeCounte  Itaborer  Itabor	5. SEX 6.	COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDE	
DO USUAL OCCUPATION (Give kind of work done)  ADDRESS OR INDUSTRY  11. BIRTHPLACE (Stote or foreign country)  Window Washer  Washington, D. C.  BIRTHPLACE (Stote or foreign country)  Window Washer  Washington, D. C.  12. CHIZEN OF WHAT COUNTRY  Washington, D. C.  13. MOTHER'S NAME  PART L DEATH (Enter only one course per line for (o). (b). and (c).]  PART L DEATH (Enter only one course per line for (o). (b). and (c).]  PART L DEATH WAS CAUSED BY:  DUE TO  USA  16. CAUSE OF DEATH (Enter only one course per line for (o). (b). and (c).]  PART L DEATH WAS CAUSED BY:  DUE TO  USA  17. INFORMANT  Hospital Records, VAH, Perry Point, Md.  18. CAUSE OF DEATH (Enter only one course per line for (o). (b). and (c).]  PART L DEATH WAS CAUSED BY:  DUE TO  USA  17. INFORMANT  Hospital Records, VAH, Perry Point, Md.  18. CAUSE OF DEATH (Enter only one course per line for (o). (b). and (c).]  PART L. DEATH WAS CAUSED BY:  DUE TO  UNMEDIAN CAUSE (o)  Arteriosclerotic heart disease severe  UNKNOWN  Conditions, if ony, which gave rise to immediate course (c). infoling the under Unity of Death (c).  PART L. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a).  PART L. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a).  PART L. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a).  PART L. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a).  PART L. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a).  PART L. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a).  PART L. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a).  PART L. OTHER SIGNIFICANT CONDITIONS CON				9-12-89	last birthday) Manths	Doys Hours Min.
Daniel LeCounte  Florida Dulaney  Id. Mothers Malden Name  Florida Dulaney  Address  Florida Dulaney  Address  Address  Florida Dulaney  Address  Address  Florida Dulaney  Address  Address  Address  Address  Id. Social Security No. 17. Informant  Hospital Records, VAH, Perry Point, Md.  Informant			106. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State	ar fareign country)   12. C	ITIZEN OF WHAT COUNTRY
Daniel LeCounte  To Barland Dulaney  17. INFORMANT  Hospital Records, VAH, Perry Point, Md.  18. CAUSE OF DEATH [Inter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  DUE TO  Arteriosclerotic heart disease severe  Unknown  DUE TO  Arteriosclerotis general — Unknown  20. ACCIDENT WAS UNDERLYING  DOE CONTRIBUTING COURSED FORATH  (IF EITHER, NOTHEY MEDICAL EXAMINES)  DOE TO THE OF INJURY Month, Day, Year  HOUR GALL EXAMINES  DOE TO THE OF INJURY Month, Day, Year  ON SCHOOL EXAMINES  DOE TO THE OF INJURY Month, Day, Year  ON SCHOOL EXAMINES  DOE TO THE OF INJURY Month, Day, Year  ON SCHOOL EXAMINES  DOE TO THE OF INJURY Month, Day, Year  ON SCHOOL EXAMINES  DOE TO THE OF INJURY Month, Day, Year  ON SCHOOL EXAMINES  DOE TO THE OF INJURY Month, Day, Year  ON While of work	Laborer	life, even if retired)	Window Washer	Washin	gton. D. C.	TISA
WAS DECEASEDEVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   18. SOCIAL SECURITY NO.   17. INFORMANT   Hospital Records, VAH, Perry Point, Md.      18. CAUSE OF DEATH   Enter only one couse per line for (a), (b), ond (c).     PART I. DEATH WAS CAUSED BY:   Edema pulmonary acute due to Pancreatitis   INTERVAL RETWEEN     18. CAUSE OF DEATH   Enter only one couse per line for (a), (b), ond (c).     PART I. DEATH WAS CAUSED BY:   Edema pulmonary acute due to Pancreatitis   INTERVAL RETWEEN     18. CAUSE OF DEATH   CAUSE (a)   Edema pulmonary acute due to Pancreatitis   INTERVAL RETWEEN     18. CAUSE OF DEATH   Conditions, if only, which   (b)   Arteriosclerotic heart disease severe   unknown     18. CAUSE OF INTERVAL RETWEEN   INTERVAL RETWEEN     19. CONTRIBUTION   Coule of DEATH   COUSE (a)   INTERVAL RETWEEN     19. CONTRIBUTION   COUSE OF DEATH   Color   CONTRIBUTION   COUSE OF DEATH   COUSE   COU	13. FATHER'S NAME		11212011 1102			ODA
WAS DECEASEDEVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   18. SOCIAL SECURITY NO.   17. INFORMANT   Hospital Records, VAH, Perry Point, Md.      18. CAUSE OF DEATH   Enter only one couse per line for (a), (b), ond (c).     PART I. DEATH WAS CAUSED BY:   Edema pulmonary acute due to Pancreatitis   INTERVAL RETWEEN     18. CAUSE OF DEATH   Enter only one couse per line for (a), (b), ond (c).     PART I. DEATH WAS CAUSED BY:   Edema pulmonary acute due to Pancreatitis   INTERVAL RETWEEN     18. CAUSE OF DEATH   CAUSE (a)   Edema pulmonary acute due to Pancreatitis   INTERVAL RETWEEN     18. CAUSE OF DEATH   Conditions, if only, which   (b)   Arteriosclerotic heart disease severe   unknown     18. CAUSE OF INTERVAL RETWEEN   INTERVAL RETWEEN     19. CONTRIBUTION   Coule of DEATH   COUSE (a)   INTERVAL RETWEEN     19. CONTRIBUTION   COUSE OF DEATH   Color   CONTRIBUTION   COUSE OF DEATH   COUSE   COU		Daniel LeCo	unte	Florida	Dulanev	
It seems are considered to the course per line for (a), (b), and (c).]   18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).]   19. PART I. DEATH WAS CAUSED BY:   Edema pulmonary acute due to Pancreatitis   Interval Between Onset An Open Part I. DEATH WAS CAUSED BY:   Edema pulmonary acute due to Pancreatitis   Onset An Open Part I. DEATH WAS CAUSED BY:   Edema pulmonary acute due to Pancreatitis   Onset An Open Part I. Death Was Caused BY:   Edema pulmonary acute due to Pancreatitis   Onset An Open Part I. Death Was Caused BY:   Edema pulmonary acute due to Pancreatitis   Onset An Open Part I. Death Was Caused BY:   Onset An Open Part I. Death Was Caused BY:   Onset An Open Part I. Death Was Caused By:   Onset An Open Part I. Death But not related to the terminal disease severe   Unknown   Onset By:   Onset By	15. WAS DECEASED EVER IN					
PART I. DEATH WAS CAUSE (8)  IMMEDIATE CAUSE (9)  DUE TO  DUE TO  DUE TO  DUE TO  Conditions, if any, which gave rise to immediate couse (0), lothing the under  DUE TO  Jying sause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT MADE (TYPE)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE SEVERE  UNKNOWN  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE SEVERE  UNKNOWN  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE SEVERE  UNKNOWN  PART II. OTHER SIGNIFICANT CONTRIBUTION TO THE TERMINAL DISEASE CONDITION IN PART 1(a)  PART II. OTHER SIGNIFICA						nt, Md.
Edema pulmonary acute due to Pancreatitis   2 - 3 hour   4200   Due to hemorrhagic (cause unknown)						
Conditions, if ony, which gave rise to immediate cause (o), stoting the under lying cause lost.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?   200. ACCIDENT WAS UNDERLYING   OANSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)     201. OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)     202. TIME OF INJURY Month, Day, Year Hour a. 1.	PART I. DEATH V	WAS CAUSED BY: MEDIATE CAUSE (a)	Edema pulmonary	acute due to	Pancreatitis	
Due to immediate cause (a), stoting the under lying cause lost.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO	4200	DUE TO	hemorrhagic (cau	se unknown)		
DUE TO    Source   Course   Color   Inding the under-   Symbol   Course   Color			Arteriosclerotic	heart diseas	e severe	unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?   STATE						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at work 19 at work 19 at work 19 at work 27 19 27, to June 30 1957 New Year 20d. INJURY OCCURRED While at work 19 at work 19 at work 27 1957, to June 30 1957 New Year 20d. INJURY OCCURRED While at work 27 1957, to June 30 1957 New Year 20d. INJURY OCCURRED While at work 19 at work 27 1957, to June 30 1957 New Year 20d. Injury (County) (State) 20d. Injury Occurred at 7:25 PM, from the causes and on the date stated above ADDRESS (Street, city or town, stote) DATE SIGNATURE  ACTUAL SIGNATURE N.D. V.A. Hospital, Perry Point, Md. 7-2-57  PHYSICIAN'S NAME (Type) W. OPTICE 22c. NAME OF CEMETERY OR CREMATORY Professional Services  20a. BURIAL, CREMATION, 22b. DATE THEREOF Arlington National Arlington, Virginia  3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 22d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at work 19 at work 19 at work 19 at work 27 19 27, to June 30 1957 New Year 20d. INJURY OCCURRED While at work 19 at work 19 at work 27 1957, to June 30 1957 New Year 20d. INJURY OCCURRED While at work 27 1957, to June 30 1957 New Year 20d. INJURY OCCURRED While at work 19 at work 19 at work 27 1957, to June 30 1957 New Year 20d. INJURY (Home, farm, 20f. (City or town) (County) (State) 20d. INJURY OCCURRED While at work 20d. INJURY (Home, farm, 20f. (City or town) (County) (State) 20d. INJURY OCCURRED While at work 20d. INJURY (Home, farm, 20f. (City or town) (County) (State) 20d. INJURY OCCURRED While at work 20d. INJURY (Home, farm, 20f. (City or town) (County) (State) 20d. INJURY OCCURRED While at work 20d. INJURY (Home, farm, 20f. (City or town) (County) (State) 20d. INJURY (Home, farm, 20f. (City or town) (County) (State) 20d. INJURY (Home, farm, 20f. (City or town) (County) (State) 20d. INJURY (Home, farm, 20f. (City or town) (County) (State) 20d. INJURY (Home, farm, 20f. (City or town) (County) (State) 20d. INJURY (Home, farm, 20f. (City or town) (County) (State) 20d. INJURY (Home, farm, 20f. (City or town) (County) (State) 20d. INJURY (Home, farm, 20f. (City or town) (County) (State) 20d. INJURY (Home, farm, 20f. (City or town) (County) (State) 20d. INJURY (Home, farm, 20f. (City or town) (County) (County	PART II. OTHER					PERFORMED?
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at work 19 While at work 19 While at work 19 While at work 27 Month at the deceased from May 27 May 27 Month at the deceased from Month at the decease	200 ACCIDENT WAS IN			No.		AESTE NO []
21. I certify that kattended the deceased from May 27 , 1957, to June 30 , 1957 NECOCOMMINION ACTUAL SIGNATURE ADDRESS (Street, city or town, stote)  ACTUAL SIGNATURE ADDRESS (Street, city or town, stote)  M.D. V.A. Hospital, Perry Point, Md. 7-2-57  PHYSICIAN'S NAME (Type)  Director, Professional Services  22. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)  7-2-57  Arlington National  3. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REGISTRAR 240. REGISTRAR 240. REGISTRAR'S SIGNATURE			DESCRIBE HOW INJURY OCCURRED	s. (chier halore at injury in	rarriar rari ii or nem 10.)	
21. I certify that kattended the deceased from May 27 , 1957, to June 30 , 1957 NECOCO MINE COLORS (Street, city or town, stote)  ACTUAL SIGNATURE				ACE OF INJURY (Home, form	20f. (City or town)	(County) (State)
ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  W. OPPLER  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  W. OPPLER  Co. BURIAL, CREMATION, REMOVAL (Specify)  PARLINGTON National  APPLICATION (City, town, or county)  APPLICATION (Stole)	p. m.		THINK THOU WILLIE	idiy, sireei, dilice bidg., eic	*/ j	
and that death occurred at 7:25 M, from the causes and on the date stated above  ADDRESS (Street, city or town, stote)  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  W. OPPLER  Director, Professional Services  20. BURIAL CREMATION, PROFESSIONAL Services  21. Director, Professional Services  22. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)  7-2-57  Arlington National  3. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR  240. REGI	21 I cartify that	trattended the dec	regard from May 27	1057 to J1	une 30 1057 appro	A CONTROL OF THE PROPERTY OF T
ACTUAL SIGNATURE  M.D. V.A. Hospital, Perry Point, Md. 7-2-57  PHYSICIAN'S NAME (Type)  NO. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)  PEROVAL (Specify)  To a surface of county (Stole)  Arlington National Arlington, Virginia  1. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  Director, Professional Services  22c. NAME OF CEMETERY OR CREMATORY  Arlington, Virginia  24c. REGISTRAR 24b. REGISTRAR'S SIGNATURE			10XXXXXX and that death	7:25	The frame the assessment of	HOST-POW-HIR GAGGGGG
ACTUAL SIGNATURE  M.D. V.A. Hospital, Perry Point, Md. 7-2-57  PHYSICIAN'S NAME (Type)  W. OPSILER  Director, Professional Services  20. BURIAL, CREMATION, REMOVAL (Specify)  REMOVAL (Specify)  7-2-57  Arlington National  Arlington, Virginia  3. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE	4111		, estimated and degin			
PHYSICIAN'S NAME (Type)  W. OPTIME  Director, Professional Services  20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)  7-2-57  Arlington National  3. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  Director, Professional Services  22d. LOCATION (City, town, or county)  Arlington, Virginia  24d. REGISTRAR'S SIGNATURE		10. 0	0.			
NAME (Type)  120. BURIAL, CREMATION, REMOVAL (Specify)  121. CONTINUE (State)  122. NAME OF CEMETERY OR CREMATORY  123. LOCATION (City, town, or county)  124. LOCATION (City, town, or county)  125. LOCATION (City, town, or county)  126. Arlington National  126. REGISTRAR (24b.	SIGNATURE	J. ly h pl		M.D Vege HOSP.	TOUT TELLY POINTS	MICO (TATE)
REMOVAL (Specify) 7-2-57  Arlington National Arlington, Virginia  3. FUMERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	PHYSICIAN'S NAME (Type)	N. OPPLER		Directo	r, Professional Ser	rvices
Arlington National Arlington, Virginia  1. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  Arlington National Arlington, Virginia  240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE	220. BURIAL, CREMATION,	22b. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION (City, tawn, or county)	(State)
D. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE	KEWOANT (SPECIA)	7-2-57	Arlington	National		
	3. FUNERAL DIRECTOR'S SH	GNATURE				
	Penningz	on & Ladon H	avre de Grace. Mo	DATE D	- A	E. Dong he

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6227

06214

**CERTIFICATE OF DEATH** 

96 Reg. Dist. No.

1. PLACE OF DEATH	ecil		MARYL	AND	2. USUAL RESIDENCE o. STATE Ma	CE (Where		lived. If institut b. COUNTY		nce befor	o admissi	on)
b. CITY OR TOWN (I RURAL and give no Perry	If autside carporate time earest_tawn)	ts, write	c. LENGTH OF STAY II	N 16	c. CITY OR TOW			te limits, write l	URAL and	give near	rest tawn	)
			13 days			ltimo	re		3	Val	4	
OR INSTITUTION	dministrat				d. STREET ADDR		wick	Avenue		•		PARM?
3. NAME OF DECEASED (Type or print)	Fii CH.	ARLES	Middle J.		Lost MATHEWS		DATE OF DEATH	Jur		3		ear 9 57
5. SEX Male	6. COLOR OR RACE	7. MARR	DIVORCED	_	8. DATE OF BIRTH 1-23-1	4	9	AGE (In years last birthday) 43 yrs.	Months	Days Days		
10a. USUAL OCCUPATION during most of world COOK	ON (Give kind af wark king life, even if retired	dane 10b.	KIND OF BUSINESS OR Restaurant	INDUS	TRY 11. BIRTHPLACE	(State or for	areign cau	ntry)	12. CI		WHAT	COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAI						-	Control
	Un	known			Crea	asie	(?) B	arnes				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. R	FORMANT			Add	ress			-3379
Yes	(If yes, give war or dates of a	ervice)	Unknown	Но	spital Rec	ords,	VAH	, Perry	Point	, Mc	1.	
	TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  ny, which mmediate	Obs Inf	truction of arction of carditis of	the	myocardiu	m due				ONSI	unkr	nown
540.	0		ontributing to DEAT			TERMINAL		CONDITION GIV	EN IN PAR	T 1(a) 19	PERFOI YES X	SWEDS
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OC									
20c. TIME OF INJUR Haur a. n. p. m.	Y Month, Day, Ye	While at war	Nat while	foc	CE OF INJURY (Home tary, street, affice bld	g., etc.)				County)		(State)
21. I certify th	appattended the	decease	ed from May 2	1		Jun		, 19_5	STROOMS	<b>SCCO</b>	<b>BODINO</b>	TO STORE
CCCCOMMITTE	00000000000	XXXXXX	XXXXX and that a	death	occurred at 12	:50pm	1, from	the causes o	and an t	he dat	e state	d above
ACTUAL SIGNATURE	W. Cy	12	er	/	W.D. V.A. H			et, city or town. Perry Po		Md.	1	TE SIGNED -5-57
PHYSICIAN'S NAME (Type)	W. OPPLER	V			Direct	or, F	rofe	ssional	Servi	Lces		
22a. BURIAL, CREMATIO REMOVAL (Specify)	0N, 22b. DATE THEREC	F	MOSS GI			220		on (City, town, isiana	or caunty)		(State	)
23. FUNERAL DIRECTOR	. / , /	Ame	ADDRESS	d		REC'D BY			STRAR'S SI	4.4	D.	- 2 / 0

CERTIFICATE OF PEATH

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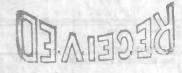
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HONOR MODINE NO. 12

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			CERTIFIC				IIMORE, I		0	521	5,96
a. COUNTY	Cecil		MARYLAN	O. STA	F	-	l lived. If institution b. COUNTY	-000		odmissi	ion)
b. CITY OR TOWN (	f outside corporate limi	ls, write	c. LENGTH OF STAY IN 1	b c. CITY	OR TOWN (IF	outside corpor	rote limits, write R	URAL ond	give near	est town	)
Perryvi	lle		Life	X2	Perry	ville					
d. NAME OF HOSPIT OR INSTITUTION	AL (If nat in hospital, g	ive street	address)	d. STR	EET ADDRESS				•	ON A	IDENCE FARM?
NAME OF DECEASED (Type or print)			Middle A •	McV	lost ey	4. DATE OF DEATH	Mon Juje	łh	Day		Year 1957
SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. DATE OF	BIRTH		9. AGE (In years		-		
Female	White	WIDOW	ED DIVORCED	Nov.	3, 1858		98 yrs.	Months	Days	Hours	Min.
o. USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR IN	DUSTRY 11. 8	THPLACE (Stole	or foreign co	untry)	12. CIT	IZEN OF	WHAT	COUNTRY
	The state of the s		Home		Maryla	nd			USA		
				14. MOT	HER'S MAIDEN	NAME				2	
Nathan	McVey				Elizab	eth				1.	
WAS DECEASED EVE			SOCIAL SECURITY NO. 1	7. INFORMANT			Add	7053			
No				Mrs. Ha	rry W.	Gallio	n. Perry	ville	La	ryla	nd
PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  ny, which mmediate  (b		artorie	1 -X	eler	مر م			INTER	7 C	TWEEN DEATH
PART II. OTI	AS UNDERLYING DEATH	DITIONS	ordet	co -				EN IN PAR		PERFO	AUTOPSY RMED? NO
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yee	While	Not while	PLACE OF INJ factory, street,	JRY (Home, form office bldg., etc.	n, 20f. (City	or tawn)	(0	County)		(Stote)
actual SIGNATURE	Varen	12.6	and that de	ath accurred			the causes o	ind an tl		state	
BURIAL, CREMATIC	N. 22b. DATE THEREC	F	22c. NAME OF CEMETER	Y OR CREMATO	RY	22d. LOCAT	ION (City, town, o	or county)		(State	e)
Burial	6/20/5	7	Harmony C	hapel	a della	Liber	ty Grove	. Ceci	1.Md		
		lon	ADDRESS Perryville.	larvla		D BY REGIST	RAR 24b. REGIS	STRAR'S SIC	GNATURE		gloot
	b. CITY OR TOWN (I RURAL and give in Part IV)  d. NAME OF HOSPIT OR INSTITUTION  NAME OF HOSPIT OR INSTITUTION  SEX  FOMA 1e  o. USUAL OCCUPATIC during most of work Housew. FATHER'S NAME  NAS DECEASED EVE es, no. or unknown)  NO  18. CAUSE OF DEA PART I. DEA  Conditions, if a gove rise to i costs (o), stoling lying couse lost.  PART II. OTH  20a. ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour a.m., p. m.  21. I certify if alive an actual signature  PHYSICIAN'S NAME (Type)  0. BURIAL, CREMATIC REMOVAL (Specify)  BUT a 1	PLACE OF DEATH a. COUNTY Cecil  b. CITY OR TOWN (if outside corporate limit RURAL and give nearest lown) Perryville d. NAME OF HOSPITAL (if not in hospital, gor Institution)  NAME OF DECEASED (Type or print)  SEX  6. COLOR OR RACE White O. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired) HOUSEWORK  FATHER'S NAME Nathan McVey  WAS DECEASED EVER IN U. S. ARMED FOR etc., no. or unknown)  18. CAUSE OF DEATH (Enter only one compart in DEATH WAS CAUSED BY: IMMEDIATE CAUSE (of DEATH (gove rise to immediate codes (of some codes), stoling the under-lying couse lost.  PART II. OTHER SIGNIFICANT CON  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Yee Hour a. m. p. m.  19  21. I certify that I attended the alive an Compart of the codes	D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  Parryville  d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION  NAME OF DECEASED  SEX  6. COLOR OR RACE  Female  O. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOUSEWORK  FATHER'S NAME  Nathan McVey  WAS DECEASED EVER IN U. S. ARMED FORCES?  If yes, give wor or dates of service)  NO  18. CAUSE OF DEATH (Enter only one couse per limited in the part I. DEATH WAS CAUSED 87: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate cause (o), stoting the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS (C)  PART II. OTHER SIGNIFICANT CONDITIONS (C)  200. ACCIDENT WAS UNDERRYING (I)  OR CONTRIBUTING (I) CAUSE OF DEATH (FITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. II Hour a.m.  p. m.  19 all wor  21. I certify that I attended the decease alive an P. m.  21. I certify that I attended the decease alive an P. m.  21. I certify that I attended I. Ben:  OBJURIAL CREMATION. REMOVAL (Specify)  BUTISI  OBJURIAL CREMATION. REMOVAL (Specify)  BUTISI  6/20/57	PLACE OF DEATH  C. COUNTY  C. LENGTH OF STAY IN 1  Life  d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  C. INSTITUTION  C. LENGTH OF STAY IN 1  Life  d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  C. LENGTH OF STAY IN 1  Life  d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  EXEX  FORMale  C. COLOR OR RACE  FORMale  C. LENGTH OF STAY IN 1  Life  Middle  A.  C. LENGTH OF STAY IN 1  Life  Middle  A.  C. LENGTH OF STAY IN 1  Life  Middle  A.  C. LENGTH OF STAY IN 1  Life  Middle  A.  C. LENGTH OF STAY IN 1  Life  Middle  A.  C. LENGTH OF STAY IN 1  Life  Middle  A.  C. LENGTH OF STAY IN 1  Life  Middle  A.  C. LENGTH OF STAY IN 1  Life  Middle  A.  C. LENGTH OF STAY IN 1  Life  Middle  A.  C. LENGTH OF STAY IN 1  Life  Middle  A.  C. LENGTH OF STAY IN 1  Life  Middle  A.  C. LENGTH OF STAY IN 1  Life  Middle  A.  C. LENGTH OF STAY IN 1  Life  Middle  A.  MIDDLE MARRIED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  LIVE  WIDOWED  DIVORCED  DIVORCED  LIVE  HOME  LIFE  MIDDLE MIDDLE MARRIED  LIVE  MIDDLE MIDDLE MARRIED  LIVE  MIDDLE MIDDLE MARRIED  LIVE  M	PLACE OF DEATH  c. COUNTY  Cecil  b. CITY OR TOWN (if outside corporate limits, write RURAL and give negress lown)  Partyville  d. NAME OF HOSPITAL (if not in hospital, give street address)  NAME OF HOSPITAL (if not in hospital, give street address)  NAME OF HOSPITAL (if not in hospital, give street address)  SEX  6. COLOR OR RACE  White  Widowed  DIVORCED  NOV.  O. JUJAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOUSEWORK  FATHER'S NAME  NAS DECASED EVER IN U. S. ARMED FORCES?  NO.  WAS DECASED EVER IN U. S. ARMED FORCES?  If yer, give word or data of working life, yer with found in working life, yer with found in working life yer with follows the follows in working life yer with follows life yer with follows the follows in working life yer with follows life yer yer yer yer yer yer yer yer yer ye	PLACE OF DEATH  C. COUNTY  Cecil  MARYLAND  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  B. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  C. CITY OR TOWN (If not in hospital, give street address)  C. CITY OR TOWN (If not in hospital, give str	PLACE OF DEATH  a. COUNTY  Get1  MARYLAND  D. CITY OR TOWN (if outside corporate limits, write  RURAL and give necretal fown)  D. CITY OR TOWN (if outside corporate limits, write  RURAL and give necretal fown)  D. CITY OR TOWN (if outside corporate limits, write  RURAL and give necretal fown)  Life  POTTYVILLE  d. STREET ADDRESS  NAME OF HOSPITAL (if not in hospital, give street address)  OR INSTITUTION  NAME OF  D. COLOR OR RACE  FIRST  MICHANICA  NOTE OF BIRTH  WIDOWED  DIVORCED  DIVORCED  OUTSIAN OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (Stote or foreign conduction of working life, even if retired)  HOUSE WORK  NATHAND  NAME OF ORDINARY  LAMBOURER'S MAIDEN NAME  NATHAND  NAS DECASSED EVER IN U. S. ARMED FORCES?  NO  18. CAUSE OF DEATH [Enter only one couse per lime (opt.(a), (b), and 16).]  PART IL DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (b)  DUE TO  Conditions, if any, which gove rise to immediate costs (c), stoling the under- tying couse loan.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE  200. ACCIDENT WAS UNDERLYING II.  OR CONTRIBUTION CAUSE OF DEATH  FETHER, NOTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE  ADDRESS (S)  D. LIFE  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE  While of Work of the W	PLACE OF DEATH 6. COUNTY COCII  MARYLAND  2. USUAL RESIDENCE (Where decenced lived. If institution of COUNTY COCII  MARYLAND  3. CITY OR TOWN (if outside corporote limits, write RURAL one give sent lower)  POTTYYITE  4. NAME OF MOSPITAL (if not in hospital, give street address)  AND OF INSTITUTION (Give sind of work done lived)  SEX FORMAL OF COUNTY (If outside corporote limits, write RURAL one give sent lower)  SEX FORMAL OF MOSPITAL (if not in hospital, give street address)  SEX FORMAL OF MOSPITAL (if not in hospital, give street address)  SEX FORMAL OF MOSPITAL (if not in hospital, give street address)  SEX FORMAL OF MOSPITAL (if not in hospital, give street address)  SEX FORMAL OF MOSPITAL (if not in hospital, give street address)  SEX FORMAL OF MOSPITAL (if not in hospital, give street address)  SEX FORMAL OF MOSPITAL (if not in hospital, give street address)  SEX FORMAL OF MOSPITAL (if not in hospital, give street address)  SEX FORMAL OF MOSPITAL (if not in hospital, give street address)  SEX FORMAL OF MOSPITAL (if not in hospital, give street address)  SEX FORMAL OF MOSPITAL (if not in hospital, give street address)  SEX FORMAL OF MOSPITAL (if not in hospital, give street address)  SEX FORMAL OF MOSPITAL (if not in hospital, give street address)  SEX FORMAL OF MOSPITAL (if not in hospital, give street address)  SEX FORMAL OF MOSPITAL (if not in hospital, give street address)  SEX FORMAL OF MOSPITAL (if not in hospital, give street address)  SEX FORMAL OF MOSPITAL (if not in hospital, give street address)  SEX FORMAL OF MOSPITAL (if not in hospital, give street address)  SEX FORMAL OF MOSPITAL (if not in hospital, give street address)  SEX FORMAL OF MOSPITAL (if not in hospital, give street address)  SEX FORMAL OF MOSPITAL (if not in hospital, give street address)  SEX FORMAL OF MOSPITAL (if not in hospital, give street address)  SEX FORMAL OF MOSPITAL (if not in hospital, give street address)  SEX FORMAL OF MOSPITAL (if not in hospital, give street address)  SEX FORMAL OF MOSPITAL (if not in hospital, gi	PLACE OF DEATH  a. COUNTY  Gocil  MARYLAND  Decil  MARYLAND  Colling  Decil  MARYLAND  Colling  Decil  MARYLAND  Colling  Decil  MARYLAND  Colling  Colling  Decil  Colling  Decil  Colling  Decil  De	CERTIFICATE OF DEATH  ACCOUNTY  COCIL  MARYLAND  D. COUNTY  MARYLAND  Life  C. LENGTH OF STAY IN 1b  Life  C. CITY OR TOWN (If outside corporate limits, write RURAL and give near  RURAL ADARES  SEX  A. COLOR OR RACE  MARRIED  INVERTIGATE  NOV. 5, 1858  INVERTIGATE  NOV. 5, 1858  INVERTIGATE  RURAL ACCUPATION (Give limid of work done of work of w	CERTIFICATE OF DEATH  0. COUNTY COCIL  MARYLAND  0. STATE Maryland  0.



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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6203 **CERTIFICATE OF DEATH**  Reg. Dist. No.

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1. PLACE OF DEATH o. COUNTY	ecil		MARYLAN	II.	USUAL RESIDEN O. STATE	rvland		d. If institution b. COUNTY	COC		mission)
b. CITY OR TOWN (If RURAL and give nec		is, write	c. LENGTH OF STAY IN	16	c. CITY OR TO			limits, write R	URAL ond gi	ve nearest t	own)
Elkto			Iday		Elk M	ills >	2				
d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospitol, g ion Hospi		oddress)		d. STREET ADD	RESS	1			OI	RESIDENCE N A FARM?
3. NAME OF	fir		Middle		Lost	4. D/	TE	Mon		Day	Year
(Type or print)	ANDREW	1	F.	-	OORE	OI		June		30	1957
s. sex Male	White	7. MARR	IED NEVER MARRIED [		nuary	31.188	_    c	GE (In years ost birthdoy) 76 yrs.		YEAR IF UI	NDER 24 HRS.
10a. USUAL OCCUPATION	N (Give kind of work	done 10b.	KIND OF BUSINESS OR II						12. CITIZ	ZEN OF WH	AT COUNTRY
Wear	ng life, even if retired VOT	T	extile Mfg			h East	m M	arylar	nd	U. S.	. A.
13. FATHER'S NAME				14	. MOTHER'S MA		41-4	0000			
	n Moore					ecca A	L G K, L	пзоп	DOM:	T.	
IS. WAS DECEASED EVER IYES. no. or unknown) NO	IN U. S. ARMED FOR f yes, give war or dates of u		SOCIAL SECURITY NO. 1 15-09-8862	Ali	ce R.	Moore	(Wi	fe) E.	lk Mi	lls,	Md.
18. CAUSE OF DEAT	TH [Enter only one co	use per lin	ne for (o), (b), and (c).]			-37276				INTERVAL	BETWEEN
PART I. DEAT	H WAS CAUSED 8Y:	Ar	terioscler	oti	card:	io-vas	cula	r dis	ease	ONSELA	ND DEATH
422.1	DUE TO		with cong	est	ve hea	art fa	ilur	e		, u	nknow
Conditions, if an		)									
codse (o), stoting to lying couse lost.											
PART II. OTHI	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	BUT NO	RELATED TO TH	IE TERMINAL DI	SEASE CO	NDITION GIV	EN IN PART	PEI	AS AUTOPSY RFORMED?
	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCU	JRRED. (E	nter noture of in	njury in Port I o	r Port II o	f item 18.)			
ZOC. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yes	20d. If While of wor	Not while	e. PLACE factory.	OF INJURY (Hor street, office bl	me, farm, 20f. dg., etc.)	(City or to	own)	(Co	ounly)	(Stote)
21. I certify the	at I attended the	deceas	ed from May	)	1957	to June	30	19 57	.that I lo	ast saw tl	he decease
	ine 30	19	7, and that de	eath oc	curred at	2:35pm	Fram th	e causes a	nd an the	e date st	ated above
	V MIN		2. Jh			ADDRE	S (Street,	city or lown,	stote)		DATE SIGNE
ACTUAL SIGNATURE	a. (1) of	7	meng !	M.D.	233	East	Mair	stre	et	6/	30/57
PHYSICIAN'S NAME (Type)	S. Ralph	And	lrews, Jr.,	М.	D.	Elkto	n, 1	Maryla	nd		
220. BURIAL, CREMATION REMOVAL (Specify) BUTIAL	July 3,		Cherry Hi					(City, town, o			yland
23 FUNERAL DIRECTOR'S	SIGNATURE	lkto	ADDRESS n Marylar	hd	24	lo. REC'D BY R	GISTRAR	24b. REGIS	TRAR'S SIGN	NATURE	

speral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 signed by the attending physician and campletely filled in by it permit. Then please remave carbon papers. Pages 1 and 2 may be retained TO FUNERAL DIRE

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BUREAU V. S.

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06257 6230 MEDICAL EXAMINER'S CERTIFICATE OF DEATH sary, please exe Page 4 shauld be cremation, Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution) Residence before admission) a. COUNT O. STATE b. COUNTY MARYLAND b. CITYOR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS IS RESIDENCE director prior ON A FARM files. YES 🗍 NO D gistrar NAME OF Middle DATE Year DECEASED OF (Type or print) DEATH for 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DE B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS Months retained Days Hours WIDOWED m 10a. USUAL OCCUPATION (Give kind of work dane 10b during most of working frequentification) KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? oud N offer pe MOTHER'S MAIDEN NAME 13. FATHER'S NAME may poges Pages 5 Page WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Give 18. CAUSE OF DEATH [Enter only one cause per line for (a) 161, and (c). INTERVAL BETWEEN PART 1. DEATH WAS CAUSED BY: farm IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if any, which pencil gave rise to immediate cause alang **DUE TO** (a), stating the underlying cause last. O Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY OS PERFORMED? used NO 200. EXTERNAL CAUSE WAS PRIMARY DOOR CONTRIBUTING CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURRED, (Entre nature of injury in Port I or Part II of item 14.) **EXAMINER: This** Exami 3 should the ward 20c. TIME OF INJURY 20d. NURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) Not while of dactary, street affice bldg etc.) Medical 2130 p. m. at work at work writing 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection D Inquiry and find that Accident A death resulted from: Natural causes Suicide Homicide , Undetermined cause Ö MEDICAL certificate, ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE 00 ASSISTANT MEDICAL EXAMINER O FUNERAL de forwarded FXAMINER'S cute the NAME (Type) DEPUTY MEDICAL EXAMINER 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMELERY OR CREMATORY 224 LOCATION (City, towns or county) 23. FUNERAL DIRECTOR'S SIGNATUR ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) 5M 9/55

executed

certificate should

DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

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5M 9/55

		10045 MEDICAL EXAM	1	Reg. Dist. No  2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before the control of the co	
		o. COUNTY	MARYLAND	o. STATE Pennsylvania b. COUNTY Indiana	ne domision,
	t	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give no	arest town)
			nos29da		3 -
0		I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street of	address)	d. STREET ADDRESS 415 N. Spring St.	on a FARM?
		nterans Adminsitration Hospital NAME OF First Mide			
		DECEASED (Type or print)		OF Towns 3.0	Year 19 57
	5. 5	WITT DIID U		JIL COIL	IF UNDER 24 HRS.
		27. 2	_	May 10,1902 South birthday) yrs. Months Days	Hours Min.
	10a	IISHAL OCCUPATION (Give kind of work done 10b KIND OF RUSINES			WHAT COUNTRY
1	d	uring most of working life, even if retired) Coal		Rochester, Penna. USA	
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
)		Melvin Pollock		Mildred Cochran	
/		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY	/ NO. 17. IN	NFORMANT Address	
1	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes WW-II Unknown	Hos	spital Records, VAH., Perry Point,	Md.
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (o	c).]	INTER	AL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Heat Exhau:	stion		Jnknown
		931.7 DUE TO		NAME OF THE PARTY	
		Conditions, if any, which) (b)			
		gove rise to immediate couse (a), stating the underlying DUE TO			
-	-	couse fost. (c)			
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NO	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 15	PERFORMED?
		20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY O	CCHINNED (C.		ES NO 🔀
	L CERTIF	PRIMARY G or CONTRIBUTING CAUSE OF DEATH.	ICCURRED. JEH	inter nature of injury in Part I or Part II of item 18.)	
	15	20c. TIME OF INJURY Month, Day, Year Hour o. m. 20d. INJURY OCCURRE While Not while of work of work of work	£	CE OF INJURY (Hame, farm, 20f. (City or tawn) (Caunty) ary, street, office bldg., etc.)	(State)
	MEDICAL				1 (1 1 .)
	MEDIC	21. I certify that I took charge of the remains described	ribed abov	ve, held an Autopsy , Inspection , Inquiry , ,	and find tha
	MEDIC	death resulted fram: Natural causes , Accident			and find tha
	MEDIC	death resulted from: Natural causes , Accident	, Suic	cide, Homicide, Undetermined cause	
9	MEDIC		, Suic		DATE SIGNED
2	MEDIC	death resulted fram: Natural causes , Accident	, Suic	cide, Homicide, Undetermined cause  11-17-57	
2	MEDIC	death resulted from: Natural causes , Accident	, Suic	cide	
2		death resulted fram: Natural causes , Accident ACTUAL SIGNATURE R. C. DODSON, M.D.	Suice	M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	

е	White	WIDOWED DIVORCED	May 10	,1902	55 yrs.	Monms Do	ys Hours	Min.
OCCUPATION OF WORKING	ON (Give kind of work d ng life, even if retired)	done 10b. KIND OF BUSINESS OR INI		or foreign chester, Per			N OF WHAT	COUNTRY?
s NAME elvin	Pollock		14. MOTHE	r's MAIDEN NAME				
ECEASED EV	ER IN U. S. ARMED FOR (If yes, give wor or dates of s	service	7. INFORMANT Hospital	Records, V.	Address AH., Perry		, Md.	
	TH [Enter only one count TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	Heat Exhaustion	a				INTERVAL BETWI ONSET AND DE Union	ATH
tions, if a ise to imme oting the tast.	diote couse							
TERNAL CAL		DITIONS CONTRIBUTING TO DEATH 8				VEN IN PART I		AUTOPSY PRMED? NO 🛣
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		of the remains described causes , Accident ,			Inspection Jundetermined of		, and	find that
TURE /	ello	odsen	M.D.	F MEDICAL EXAMINER		-17-57	DATE S	SIGNED
INER'S (Type)	R. C. DODS	ON, M.D.		ITY MEDICAL EXAMINER				
MOVal	S SIGNATURE		OR CREMATORY		1 0	No.	0	1-

BUREAU V. S.

1961 61 NON -

DECENTE

24b. REGISTRAR'S SIGNATURE

24g. REC'D BY REGISTRAR

DATE

O HOSPITAL 0

23. FUNERAL DIRECTOR'S SIGNATURE

Arlington Funeral Home, Arlington, Va.

The same of the street and a substitution of the same for the

P. AND THE P. LEWIS CO. LAND OF THE P.

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in 24 hours o	e Pages 1, 2	Page 5 may	Tile annual 1
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e executed wi	in Item 18. G	with farm PM3.	demand himself
shauld be executed wi	in pencil in Item 18. G	e along with farm PM3.	husial transit mounts
certificate shauld be executed wi	'pending' in pencil in Item 18. C	iner's Office along with farm PM3.	the ment of the bearing and bearing
VER: This certificate shauld be executed wi	ne ward "pending" in pencil in Item 18. C	cal Examiner's Office along with farm PM3.	2 should be weed or a busing beautiful
. EXAMINER: This certificate shauld be executed wi	writing the ward "pending" in pencil in Item 18. G	nief Medical Examiner's Office along with form PM3.	Done 2 should be med on a breeze of the
FUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please exe-	the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be	to Chief Medical Examiner's Office along with farm PM3.	OB. Bone 2 should be weed or a heart of bearing

		62	32 ME	EDICA	L EXAMINE	R'S	CERTIFICA	TE OF	DEATH	Reg. Dist. 1	16219
M)	1.	PLACE OF DEATH  o. COUNTY  Ce	ecil		MARYLA	100	e. USUAL RESIDENCE (	Where decease	d lived. If institu	ution: Residence b	
		and give nearest town)	outside corporate limits, with	RURAL	c. LENGTH OF STAY IN 2 yrs.	16	c. CITY OR TOWN (I	on, R.		RURAL and give	nearest lown)
00		d. NAME OF HOSPITA	AL OR INSTITUTION (	(If not in hos	pital, give street address)		d. STREET ADDRESS				e. 15 RESIDENCE ON A FARM? YES NO
	1	NAME OF DECEASED (Type or print)	Elsie	rst	Middle Ann		Rice	4. DATE OF DEATH	Mont 6		2 Year 57
	5. :	F F	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED [		2-14-190	_	last birthday) yrs.	Months Days	
Y		House	ON (Give kind of work g life, even if retired)	done 10b. K	ind of Business or in Keeping Ho	ouse	Cecil	Co. Mc	untry)		of what countr
1)	L		ter Hick				Lula B				
0	(Ye	no, or unknown)	ER IN U. S. ARMED FO (If yes, give war or dates of	service}	Wal	ter		lkton.	Address Md_		
		PART I. DEAT	liote couse	)		ma c	of Uterus			IN	TERVAL BETWEEN NSET AND DEATH
0	FICATION				NTRIBUTING TO DEATH B					/EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
	CAL CERTIFI	20g. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	ITRIBUTING		HOW INJURY OCCURRE						
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					emoins described of Accident ,				pection <b>K</b> ], determined o		X ond find the
2		ACTUAL SIGNATURE	cea	04	ron	M	.D. CHIEF MEDICAL E.				DATE SIGNED
remov	220		R.C.DO		22c. NAME OF CEMETERY	OR CRE	DEPUTY MEDICAL	EXAMINER [		6-3-	57 (Stole)
	23.	FUNERAL DIRECTOR'S	5 SIGNATURE	957	ADDRESS	ans	Mems PK	D BY REGISTR	Elplon	STRAR'S SIGNAT	and
5)		I Henr	4 Offin	E	lkton me	el,	DATE	15/57		78-7-	chilar -

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

e. IS RESIDENCE ON A FARM? YES NO TE

Reg. Dist. No.

12. CITIZEN OF WHAT COUNTRY?

Autopsy 🔲, Inspection 🔣, Inquiry 🔀	ond find that
omicide, Undetermined couse	
DICAL EXAMINER	DATE SIGNED
T MEDICAL EXAMINER	
AEDICAL EXAMINER (C)X 6-3-5	7
22d HOCATION (City, town, or county) 22d HOCATION (City, town, or county)	(Stole)
240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATU	RE
DATE 6/5/57 783-6	mu
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BUREAU V. &

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DECENTED

1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
			6233 CERTIFICATE OF DEATH  Reg. Dist. No.
Page director		1.	PLACE OF DEATH  O. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  O. STATE  D. COUNTY  D. COUNTY
death.	7		b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
by the	M Vo		d. NAME OF HOSPITAL (If not in hospitol, give street address)  d. STREET ADDRESS  OR INSTITUTION  o. IS RESIDENCE ON A FARM? YES \( NO N
n 24 ha filled in Jes 1 an			NAME OF DECEASED William Richard Rophsa 4. DATE OF DEATH DEATH DEATH DEATH 28 1937
d within		5.	Male White WIDOWED   DIVORCED   Oct. 11 1875   Superithday) Anoths Days Hours Min.
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cion or		13.	Albert 7. Ropha Vorusa Sunther
n certificating physical removes	0	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Eleanorly. Rollar Address Andrews Will year give wor or dates of service)
attendi			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  ONSET AND DEATH  ONSET AND DEATH  ONSET AND DEATH
s that the			334 × DUE TO Certeus-Seleroses - 7200
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physicias beer		CATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO X
ending ficate h the bur	5	CERTIFI	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
PHYSIC al ar att this certi		MEDICAL	20c. TIME OF INJURY Month, Doy, Year Not while of work
NDING e haspit : After I	5		21. I certify that I attended the deceased fram March 8, 1957, to June 21, 1957, that I last saw the deceased alive an Auro 27, 1957, and that death accurred at 10.30 M, from the causes and an the date stated above.
d by the			ACTUAL SIGNATURE SOLVE ACTUAL SIGNATURE SIGNATURE ACTUAL SIGNATURE SIGNATURE ACTUAL SIGNATURE SIGNATURE ACTUAL SIGNATURE SIGNA
retained RAL DIRI			PHYSICIAN'S CLAR ENCE L. BENSON. M.
may be FUNES		220	Aurial, Cremation, 22b. Date thereof 22c. NAME OF CEMETERY OR CREMATORY 22d JOCATION (City, Town, or county) (State)
VS A15 (4) 15M 9/55	0	23	FONERAL DIRECTOR'S SIGNATURE  LLA VALLENDES SI
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

CHARLOW

BUREAU V. S.

10F S 1824

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M )		6	234 M	EDICA	L EXAMINE	ER'S	CERTIFICA	TE OF DI	EATH
	1. P	LACE OF DEATH	Cecil		MARYL		2. USUAL RESIDENCE (*  o. STATE Pa	Where deceased li-	ved. If institution b. COUNTY
	Ь	. CITY OR TOWN (If	outside corporate limits, w	rite RURAL	c. LENGTH OF STAY H		c. CITY OR TOWN (I	f outside corporate	e limits, write RL
	-	Charl	estown	//5 t b	just for	rd	d. STREET ADDRESS	sville	75
00	ľ		phy Shor		spiras, give street adaress;	<b>'</b>	803 E.	Main S	t.
	3-	NAME OF DECEASED		Linto	Middle	She	o Lost	4. DATE OF DEATH	Month 6
	5. SI	EX	6. COLOR OR RAC		ED NEVER MARRIED	■ 8. D	ATE OF BIRTH	I to	GE (In years III
		M	W	WIDOWE		- 1	10-25-194	5	LJ yrs.
1	d	Studen	g lite, even it retired	k done 10b.	KIND OF BUSINESS OR II	NDUSTRY		ar foreign countr	
1	13.	FATHER'S NAME	ur Linto	n Che	m# 7 7	1	4. MOTHER'S MAIDEN		
	15							es Harn	
0	[Yes,	no, or unknown)	(If yes, give war or dates	of service)	SOCIAL SECURITY NO.		DRMANT		Address (
		no:				- 1	Arthur L.	Sheril'	L. Coa
			H WAS CAUSED BY:		for (a), (b), and (c).]  Drowned				
1		429.8	DUE TO	0					5577
1		Conditions, if a		[b]				Service .	1-3-3
		(a), stating the cause lost.		(c)					923
0	CATION	PART II. OTH	IER SIGNIFICANT CO	NDITIONS C	ONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERM	INALDISEASE CO	NDITION GIVEN
	RTIFI	20g. EXTERNAL CAL PRIMARY 23 or CON CAUSE OF DEATH.	ISE WAS NTRIBUTING [	20b. DESCRIB	E HOW INJURY OCCURR	RED. (Ente	er nature of injury in Par	t I or Part II of ite	ım 18.)
		20c. TIME OF INJUS	Y Month, Day, Y	Was i	n river N		of INJURY (Home, form		
7	MEDICAL	Hour 222		Whil	2.3	factory,	, street, affice bldg., etc. V.E. River	11	arlest
		21. I certify th	at I toak charg	e of the	remains described			y , Inspe	ction 2,
		death resulted	Tram: Natura	causes [	, Accident c	Suicio	de 🔲, Hamicide	, Undet	ermined ca
		ACTUAL /	VOPK	20	-lalen	7			
2		SIGNATURE		100	- Up V I I	A	M.D. CHIEF MEDICAL E	-	
		EXAMINER'S	R C Dode	on			ASSISTANT MEDIC		
	220		R. C. Dods		22c, NAME OF CEMETER	V OP CA	DEPUTY MEDICAL		16:1
		Derical	6-22		Fairvien			Coater	ville Co
	23.	TUNERAL DIRECTOR	S SIGNATURE	n	with East	m	di	D BY REGISTRAR	246 REGISTR
		/		1			DATE C	1121	para

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06221

CERTI	FICA	E OF	DEAI	н	Reg.	Dist. No	.92	+
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c CITY OI	TOWN (16	autida car	orate limits,	weile		-		lawal
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^ Los	ıt	4. DATE		Month		Day		Year
nerill		OF DEATH		6	5	T	9 .	19 57
DATE OF BIRTI	н		9. AGE (In y	reors	IF UNDE	R TYEAR		DER 24 HRS.
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	-2.5			yrs.	lan -			
RY 11. BIRTHPI					12. CI	TIZEN OI	WHAT	COUNTRY?
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14. MOTHER'S	MAIDEN N	IAME						
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DEPUTY	MEDICAL E	XAMINER [	I		6	-20-	-57	
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BUREAU V. L.

102 S4 1927

BECEINED

please exe-	4 should be		. cremation,	
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please exe-	cute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be	forwarded to 2. Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.	TO FUNERAL IN TIOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the registrar prior burial, cremation.	
AL EXA	e, writir	Chief N	TOR: P.	
DEPUTY MEDIC	e the certificate	warded to	UNERAL E	Income so
TOL	CO	for	TOF	-

VS. A15ME(5) 5M 9/55

o. COUNTY	Cecil		MARYLAN	2. USUAL RESIDENCE ( a. STATE Md			rtion: Residence		mission)
b. CITY OR TOWN	(If outside corporate limits, write	e RURAL	c. LENGTH OF STAY IN 1						lown)
and give nearest I	kton		14 vrs.	2/ Elkto		, , , , , , , , , , , , , , , , , , , ,			
	PITAL OR INSTITUTION (	tf not in hos		d. STREET ADDRESS	,				RESIDENCE
123	Bells Lane			123 Be	lls I	ane			N A FARM?
B. NAME OF DECEASED (Type or print)	Mary	st	Middle Emma	Smith	4. DATE OF DEATH	Month 6		Day 11	Year 19 57
. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED DIVORCED	8. DATE OF BIRTH 2-24-1909		9. AGE (In years lost birthday)	Months Do		
Oa. USUAL OCCUPA	ATION (Give kind of work rking life, even if refired)	done 10b. K	IND OF BUSINESS OR IND	JSTRY 11. BIRTHPLACE (State	or fareign	country)	12. CITIZE	N OF WHA	T COUNTR
Hou	se work	C	General Hou	se Delawa	re		U.	S.A.	
3. FATHER'S NAME			TIME EXECUTE IN	14. MOTHER'S MAIDEN					
	omas Smith			Mattie	May	Holland			
Yes, no, or unknown)	EVER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17	Mattie M.	Thomp	som. 11	5 Bel	Elkt ls La	on, ne
	EATH [Enler only one cou	se per line f	for (a), (b), and (c).]					INTERVAL BET	WEEN
									DEATH
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Acute C	oronary Occ	lusio	n		011361 2010 6	DEATH
420.			Acute C	oronary Occ	lusio	n		0.000	DEATH
Canditions, if	DUE TO			oronary Occ sclerosis a			ion	0.13() 2.10 (	DEATH
420.1	DUE TO ony, which (b)						ion	0.000	DEATH
Canditions, if gave rise to imit (a), stating the cause last.	IMMEDIATE CAUSE (e)  DUE TO  ony, which (b) mediate couse o underlying  DUE TO  (c)		Arterio		nd hy	pertens		(a) 19. WA	S AUTOPSY
Canditions, if gave rise ta im (a), stating the cause last.  PART II. C	IMMEDIATE CAUSE (a)  DUE TO  ony, which mediate couse ounderlying  DIFFICANT CONIT		Arterio	sclerosis a	nd hy	pertens		(a) 19. WA	S AUTOPSY CORMED?
Canditions, if gave rise to im (a), stating the cause last.  PART III. (CAUSE OF DEAT	IMMEDIATE CAUSE (a)  DUE TO  ony, which hediate couse o underlying  DUE TO  (c)  OTHER SIGNIFICANT CONI	DITIONS <u>CO</u>	Arterio	sclerosis a	nd hy	pertens		(a) 19. WA:	S AUTOPSY CORMED?
Canditions, if gave rise to im (a), stating the cause last.  PART III. (CAUSE OF DEAT	IMMEDIATE CAUSE (a)  DUE TO  ony, which mediate couse o underlying  DUE TO  (c)  OTHER SIGNIFICANT CONI  CAUSE WAS CONTRIBUTING   20  H.  JURY Month, Day, Year m.	DITIONS <u>CO</u>	Arterio  ONTRIBUTING TO DEATH BU  E HOW INJURY OCCURRED  NURY OCCURRED  Not while	sclerosis a	nd hy	pertens		(a) 19. WA: PERF YES	S AUTOPSY
Canditions, if gave rise to im (a), stating the cause last.  PART III. Cause last.  PART III. Cause OF DEAT  20c. TIME OF IN Hour a. I P. I  21. I certify	IMMEDIATE CAUSE (a)  DUE TO  ony, which mediate couse o underlying  DUE TO  (c)  DTHER SIGNIFICANT CONI  CONTRIBUTING   JURY Month, Day, Yea  m. 19  that I took charge	DITIONS CO  Db. DESCRIBE  ar 20d. II  While at wor	Arterio  ONTRIBUTING TO DEATH BU  E HOW INJURY OCCURRED  NURY OCCURRED  On Not white  of work   200. F	SCLETOSIS AT THE TERM  (Enter nature of injury In Particle OF INJURY (Home, form poctory, street, affice bidg., etc.)	nd hy  INALDISEAS  II or Port II  II. 20f. (Cir.	pertens E CONDITION GIV of item 18.) y or town)	EN IN PART 1	(a) 19. WA: PERF YES	S AUTOPSY ORMED? NO [X] (State)
Canditions, if gave rise to im (a), stating the cause last.  PART III. Cause last.  PART III. Cause last.  PART III. Cause of DEAT  20c. TIME OF IN Haur a. I P. I	IMMEDIATE CAUSE (a)  DUE TO  ony, which mediate couse o underlying  DUE TO  (c)  DTHER SIGNIFICANT CONI  CONTRIBUTING   JURY Month, Day, Yea  m. 19  that I took charge	DITIONS CO  Db. DESCRIBE  ar 20d. II  While at wor	Arterio  ONTRIBUTING TO DEATH BU  E HOW INJURY OCCURRED  NURY OCCURRED  On Not white  of work   200. F	SCLETOSIS AT T NOT RELATED TO THE TERM  (Enter nature of injury in Parallel LACE OF INJURY (Home, farractory, street, affice bidg., etc.)	nd hy  INALDISEAS  II or Port II  II. 20f. (Cir.	pertens E CONDITION GIV of item 18.) y or town)	(Count	(a) 19. WA: PERF YES	S AUTOPSY ORMED? NO [X] (State)
Canditions, if gave rise to imit (a), stating the cause last.  PART III. Consider the cause last.  PAR	IMMEDIATE CAUSE (a)  DUE TO  ony, which mediate couse o underlying  DUE TO  (c)  DTHER SIGNIFICANT CONI  CONTRIBUTING   JURY Month, Day, Yea  m. 19  that I took charge	DITIONS CO  Db. DESCRIBE  ar 20d. II  While at wor	Arterio  ONTRIBUTING TO DEATH BU  E HOW INJURY OCCURRED  NURY OCCURRED  On Not white  of work   200. F	SCLETOSIS AT THE TERM  (Enter nature of injury In Particle OF INJURY (Home, form poctory, street, affice bidg., etc.)	nd hy  IINAL DISEAS  II I or Port II  II. 20f. (Cit	pertens E CONDITION GIV of item 18.) y or town) nspection	(Count	(a) 19. WA! PERF YES (	S AUTOPSY ORMED? NO [X] (State)
Canditions, if gave rise to im (a), stating the cause last.  PART II. (2)  20a. EXTERNAL (FRIMARY   ac CAUSE OF DEAT  20c. TIME OF IN Hour a	IMMEDIATE CAUSE (a)  DUE TO  ony, which mediate couse o underlying  DUE TO  (c)  DTHER SIGNIFICANT CONI  CONTRIBUTING   JURY Month, Day, Yea  m. 19  that I took charge	DITIONS CO  Db. DESCRIBE  ar 20d. II  While at wor	Arterio  ONTRIBUTING TO DEATH BU  E HOW INJURY OCCURRED  NURY OCCURRED  On Not white  of work   200. F	SCLETOSIS ALL T NOT RELATED TO THE TERM  (Enter nature of injury In Paractory, street, affice bldg., etc.)  Dove, held an Autaps  uicide [], Hamicide	nd hy  INALDISEAS  IT I OF PORT II  P. 20f. (City  D. U  XAMINER	pertens  E CONDITION GIV  of item 18.)  y or town)  Inspection	(Count	(a) 19. WA! PERF YES (	S AUTOPSY ORMED? NO (3) (State)
Canditions, if gave rise to im (a), stating the cause last.  PART III. (2)  20a. EXTERNAL (FRIMARY ) are CAUSE OF DEAT  20c. TIME OF IN Haur a. I. P. I.  21. I certify death results SIGNATURE  EXAMINER'S NAME (Type)	IMMEDIATE CAUSE (a)  DUE TO  ony, which mediate couse o underlying  DUE TO  CONTRIBUTING  DUE TO  (c)  DUE TO	DITIONS CO  Ob. DESCRIBE  The property of the recauses Concept the recauses Concept the recause of the recause	Arterio  ONTRIBUTING TO DEATH BU  E HOW INJURY OCCURRED  NURY OCCURRED  On Not white  of work   200. F	T NOT RELATED TO THE TERM  (Enter nature of injury In Paractory, street, affice bldg., etc.)  Dove, held an Autaps  uicide , Hamicide	nd hy  INALDISEAS  I I OF PORT II  I, 20f. (City  I)  XAMINER   IAL EXAMINE	of item 18.)  y or town)  nspection Andetermined of	(Count Inquiry ause	(a) 19. WA! PERF YES (	S AUTOPSY ORMED? NO (3) (State)
Canditions, if gave rise to im (a), stating the cause last.  PART III. (2)  20a. EXTERNAL (FRIMARY   ar (CAUSE OF DEAT)  20c. TIME OF IN Haur a. I. P. I. 21. I certify death result.  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  20a. BURIAL, CREMA REMOVAL (Specific Re	IMMEDIATE CAUSE (a)  DUE TO  ony, which mediate couse o underlying  DUE TO  CONTRIBUTING  DUE TO  (c)  DUE TO	DITIONS CO  Ob. DESCRIBE  The property of the recauses Concept the recauses Concept the recause of the recause	Arterio  ONTRIBUTING TO DEATH BU  E HOW INJURY OCCURRED  On Injury	SCLETOSIS AL  T NOT RELATED TO THE TERM  (Enter nature of injury In Parameter of INJURY (Home, for portory, street, office bldg., etc.)  DOVE, held an Autaps uicide , Hamicide , Hamicide , ASSISTANT MEDICAL EL ASSISTANT MEDICAL DE DEPUTY MEDICAL DR CREMATORY	nd hy  MINALDISEAS  IT I OF PORT II  D. 20f. (Cir.  E. J. U  XAMINER [ EXAMINER [	of item 18.)  y or town)  nspection Andetermined of	(Count Inquiry ause	(a) 19. WAN PERFYES 1	S AUTOPSY ORMED? NO [X] (State) find the
Canditions, if gave rise to im (a), stating the cause last.  PART III. (2)  20a. EXTERNAL (FRIMARY   a c CAUSE OF DEAT  20c. TIME OF IN Haur a. I. P. I. CAUSE OF LATER OF IN HAUR ACTUAL SIGNATURE EXAMINER'S NAME (Type)  21. I certify death results SIGNATURE EXAMINER'S NAME (Type)  22a. BURIAL, CREMAREMOVAL (Specific In Ital)	IMMEDIATE CAUSE (a)  DUE TO  DUE TO  ONLY, which mediate couse  o underlying  DUE TO  (c)  DIHER SIGNIFICANT CONI  CAUSE WAS CONTRIBUTING   20  H.  JURY Month, Day, Yea  m. 19  that I took charge ed from: Natural  R. C. Dod Sc  TION, 22b. DATE THEREO  (fy) 6/14/5'	DITIONS CO  Ob. DESCRIBE  To 20d. II  While of wor  courses C  On	Arterio  ONTRIBUTING TO DEATH BU  E HOW INJURY OCCURRED  On Many While of Work	SCLETOSIS AL  T NOT RELATED TO THE TERM  (Enter nature of injury In Paractory, street, affice bldg., etc.)  Dove, held an Autaps uicide, Hamicide, Hamicide, EDEPUTY MEDICAL E ASSISTANT MEDIC DEPUTY MEDICAL CR CREMATORY  S Cem.	nd hy  INALDISEAS  IT I OF PORT II  I OF POR	of item 18.)  of item 18.)  y or town)  inspection  indetermined of item 18.	(County)    Inquiry   ause	(a) 19. WA: PER YES   7)  DATE  1 57 (Sidentification of the second of	S AUTOPS: ORMED? NO (State find th
Canditions, if gave rise to im (a), stating the cause last.  PART III. (CAUSE OF DEAT 20c. TIME OF IN Hour a. I. P. I. 21. I certify death result.  SIGNATURE EXAMINER'S NAME (Type)  20. BURIAL, CREMAREMOVAL (Special Property of the cause o	IMMEDIATE CAUSE (a)  DUE TO  DUE TO  ONLY, which mediate couse  o underlying  DUE TO  (c)  DIHER SIGNIFICANT CONI  CAUSE WAS CONTRIBUTING   20  H.  JURY Month, Day, Yea  m. 19  that I took charge ed from: Natural  R. C. Dod Sc  TION, 22b. DATE THEREO  (fy) 6/14/5'	DITIONS CO  Ob. DESCRIBE  To 20d. II  While of wor  courses C  On	Arterio  ONTRIBUTING TO DEATH BU  E HOW INJURY OCCURRED  On Injury	SCLETOSIS AL  T NOT RELATED TO THE TERM  (Enter nature of injury In Paractory, street, affice bldg., etc.)  Dove, held an Autaps uicide, Hamicide, Hamicide, EDEPUTY MEDICAL E ASSISTANT MEDIC DEPUTY MEDICAL CR CREMATORY  S Cem.	nd hy  INALDISEAS  IT I OF PORT II  I. 20f. (Cit.  I. )  XAMINER [  EXAMINER [  22d. LOCA	of item 18.)  of item 18.)  y or town)  inspection  indetermined of item 18.	(County)	(a) 19. WA: PER YES   7)  DATE  1 57 (Sidentification of the second of	S AUTOPSY ORMED? NO (2 (State)

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CEPTIEICATE OF DEATH

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0600	CERTIFICA	ALE OF BEATTI	Reg. Dis	st. No. 90
1. PLACE OF DEATH o. COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Virginia	deceased lived. If institution: Resident b. COUNTY	ce before admission)
b. CITY OR TOWN (If outside corporate limits, wr RURAL and give nearest town) Perry Point	c. LENGTH OF STAY IN 16 5yrs.3mo.llda		de corporote limits, write RURAL ond g	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION Veterans Administration	East All Control of the Control of t	d. street address	io Street	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) GEORGE	Middle E E •	Lost SOPER 4.	DATE Month OF DEATH June	Doy Yeor 12 1957
3.5 - 9	MARRIED NEVER MARRIED NOWED DIVORCED	8. DATE OF BIRTH 7-20-16	Total In the American	1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attendant	106. KIND OF BUSINESS OR INDU Service Station			ZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
Guy Soper		Alice Fridle	ey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) Yes   If yes, give wor or dotes of service	COR - 0 TOTAL - 0 94 - 0		, VAH, Perry Point	t, Md.
	laryngectomy and carcinoma			1 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 2
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CITY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port	I or Part II of item 18.)	
Hour o. n.		ACE OF INJURY (Home, form, 2 tory, street, office bldg., etc.)	POF. (City or town) (C	County) (Stote)
21. I certify that Kattended the declarity of the Control of the C		accurred atll:10p N ADD M.D. V.A. Hospita	e 12 1957 26600 A, from the causes and an the RESS (Street, city or town, state) al, Perry Point, A rofessional Service	ne date stated abave  DATE SIGNEE  Ad. 6-14-57
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 6-14-57	20c. NAME OF CEMETERY O		LOCATION (City, town, or county) Arlington, Va.	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS re de Grace, Md.	24a. REC'D BY	1	4.00

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 moy be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by page 3 should by ached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 the registror price aburial, cremotion, or removal, and in any event within 72 hours offer death. VS A15 (4) 15M 9/55

The contract of the contract o AND TOPESTABLES. AND THE PROPERTY TO WAR TO WAR THE TWO the representation and the season of the second of the sec PUREAU V.-F-LIGHT 81 NOT the reserve of accomplishing a seminance of within 24 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### CERTIFICATE OF DEATH

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Service receiped - convolutions, for the address to be serviced and the service of the service o

# BUREAU V. S.



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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6237 CERTIFICATE OF DEATH

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Rea.	Dist.	No.

d STREET ADDRESS		e RURAL and give no	earest town)
/ Lain S	treet		e IS RESIDENCE
	02000		ON A FARM? YES NO 2
Stebbing	OF	Month D June 2	Pay Year 1957
8. DATE OF BIRTH Dec. 14, 186	_ lost birthdo	Y) Months Dove	R IF UNDER 24 HRS. Hours Min.
Maryland	d IAME		OF WHAT COUNTE
7. INFORMANT			
MIT NOTRELATED TO JHR TERMI	NAL DISEASE CONDITION	GIVEN IN PART I(a)	8 Upo
prosto	12 -		YES NO
	D.M. fram the cause	s and on the de	saw the deceas ate stated abo DATE SIGN
		1 /ccl	
	Dec. 14, 186.  DUSTRY 11. BIRTHPLACE (STOTE  Marylan  14. MOTHER'S MAIDEN N  Margaret  INFORMANT  Alberta Barr, I  SELECT  RRED. (Enter noture of injury in foctory, street, office bidg., elect)  place OF INJURY (Home, form foctory, street, office bidg., elect)	Dec. 14, 1868  DUSTRY 11. BIRTHPLACE (Stote or foreign country)  Maryland  14. MOTHER'S MAIDEN NAME  Wargaret: Whalen  V. INFORMANT  Alberta Barr, Port Deposit,  Alberta Barr, Port Deposit,  PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., ele.)  2. 1956ta J.M. J., 1920th accurred at 2, 10, M, fram the cause	Dec. 14, 1868  Doys  Dustry 11. Birthplace (Stote or foreign country)  Maryland  14. MOTHER'S MAIDEN NAME  Margaret: Whalen  7. INFORMANT  Alberta Barr, Port Deposit, Maryland  ON  Alberta Barr, Port Deposit, Maryland  ON  RRED. (Enter noture of injury in Port I or Port II of item 18.)  PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bidg., etc.)  7. 1956ta MMO 2, 1956that I last street.

CERTIFICATE OF DEATH



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VS A15 (4) 15M 9/55 M

MARYLAND STATE DEPARTMENT	OF HEALTH-BALTIMORE, 1	8
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6238 CERTIFICATE OF DEATH

16226 J. Dist. No.

1.	PLACE OF DEATH o. COUNTY	Cecil		MARYLANI	II o STA	RESIDENCE (WHOTE Pennsy:		l lived. If institution b. COUNTY	on: Residen	ce before	e admiss	sian)
	b. CITY OR TOWN ( RURAL ond give n Perry P			c. LENGTH OF STAY IN 11 Oyrs.7mo.29da	- 11	Y OR TOWN (IF o		75 x -3		give neor	rest fow	n)
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, c	ive street	address)	d. ST	REET ADDRESS		1.12.13.19			ON A	SIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	Fir MORF		Middle (NMI)	S	Lost TERMAN	4. DATE OF DEATH	Mon Jun		Day		Yeor 1957
5.	sex Male	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRIED TO		17, 189		9. AGE (In years last birthday) 05 yrs.	Months	1 YEAR Days		
	Cler	rking lite, even it retired	done 10b.	Grocery Stor	e ]	Russia		untry)	US.	_	WHAT	COUNTRY
13.	FATHER'S NAME	Lewis Ster	man	- Deceased		iher's maiden n da Tarsh		Decease	d			
15. (Ye	WAS DECEASED EVE It, no. or unknown) Yes	ER IN U. S. ARMED FOR (If yes, give wor or dates of s WW I	ervice)		ospita.		s, VAH	, Perry I		, Md	•	
			Bro	ne for (o), (b), and (c).] nchopneumonia Partial	, bila	teral, fo	ollowi	ng operat	ion,	INTER	RVAL BE T AND	days
	Conditions, if a gove rise to i couse (a), stating	immediate DUE TO	Cor	onary arterio			ere				unkr	nown
CERTIFICATION	PART II. OT		DITIONS	onic lymphati Contributing to DEATH B eriosclerosis	UT NOT RELA	TED TO THE TERMI		condition giv	EN IN PAR		. WAS	
	20g. ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter no	iture of injury in F	Part I or Part	It of item 18.)			4	
MEDICAL	20c. TIME OF INJUS Hour a. j., p. m.	RY Month, Day, Yes	While		PLACE OF IN. factory, street	IURY (Hame, form, office bldg., etc.	20f. (City	or town)	(0	County)		(State)
	21. I certify the Control of the Con	W. OPPLES	deceas	ed from October	M.D. V	d at 3:10a	M, from ADDRESS (Strital, F	the causes a set, city or town, Perry Poi	nd on the	id.	e state	ed above. ATE SIGNED
220	BURIAL, CREMATIC	0N, 226. DATE THERECO		22c. NAME OF CEMETERY Unknown	OR CREMATO	DRY	22d. LOCATI	ION (City, town, o	Pa.		(Stot	e)
23.	FUNERAL DIRECTOR	// //	vre	ADDRESS de Grace, Md.		DATE THE	D BY REGISTR	RAR 24b REGIS	TRAR'S SIC		6	tu

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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	-	6239 CERTIFICATE OF DEATH  Reg. Dist. No. 75
director	M	1. PLACE OF DEATH O. COUNTY  O. STATE  O. STAT
d be f		b. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town)  RURAL and give nearest town)  CALVERT MJ 4 4 85-
by 1	90	d. NAME OF HOSPITAL (If not in hospital/give street address) OR INSTITUTION OR A FARM? YES NO
Filled in Jes 1 an		3. NAME OF DECEASED (Type or print) C/7AR/es Right Stewart June 13 195
pletely i		5. SEX  6. COLOR OR RACE  7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH  MALE  White WIDOWED   Divorced   Dec. 12 1882  9. AGE (In yeors   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Doys   Hours   Min.
and cam rbon pape er death.	1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  MACHINE LENGER PAPER M: 11 MARY Land  USA.
physician a mave carbo haurs after	(	18. FATHER'S NAME STEWART 14. MOTHER'S MAIDEN NAME BROWN
ing phy se rema 72 hau	0	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no. or uphnown) (If yes, give wor or dorse of service) 16. SOCIAL SECURITY NO. 17. INFORMANT  LAWRENCE F Stewart Bristol
e attend en plea at within		PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  INTERVAL BETWEEN ONSET AND DEATH
d by the nit. Th		Conditions, if ony, which) (b) Cerebro to Scular accident 10 do
n signersit per		gove rise to immediate codise (a), stating the under-lying cause lost.  DUE TO  (c)  Onturior Clarific (c)
physici has bee rial-trar maval,	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOSY PERFORMED?  YES \( \text{NO} \) NO \( \text{NO} \)
thending tificate s the bu		20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
tal ar a this cer ar use a rematia		20c. TIME OF INJURY Month, Day, Year Hour o. m.  19 While Not while of work at
R: After ached fo burial, c		21. I certify that lattended the deceased fram. 2, 25, 195, ta, 195, ta, 195, hat i last saw the decease alive an
DIRECTO Id E prior to	1	ACTUAL SIGNATURE  ACTUAL SIGNATURE  M.D.  ADDRESS (Street city or town, stote)  DATE SIGNE  M.D.
ERAL DI 3 shauld gistror pr		PHYSICIAN'S Neil Taylor JZ Orus Jon 6/16/5
may broge 2		220. BURIAL, CREMATION, 22b. DATE THEREOF  REMOVAL (Specify)  REMOVAL (Specify)  RESEARCH  22c. NAME OF CEMETERY OR CREMATORY  REMOVAL (Specify)  Research
VS A1S (4) 1SM 9/SS	1/4	23. FUNERAL DIRECTOR'S SIGNATURE  To seph RGRANT North East, Mc DATE JUN 18'57  DATE JUN 18'57

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death.

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THE STATE OF STREET	ENT OF MEALTH—BALTIN	LAND STATE DRAILM	THAM
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	ELLTO	V SUNS	
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ASIMISSIM	STATE OF THE PARTY OF		ELRIGE 6/24
	SATURDER IN SUMMERS	THE A	11 m alter of 12 m
		District Control	

6207	CERTIFIC	ATE OF DEATH		Reg. Dist. No.	01313
1. PLACE OF DEATH O. POLINITY	Main MARYLAND	2. USUAL RESIDENCE (Who	b. COUNT		e admission)
b. CITY OR TOWN (If outside corporate limits, write		c. CITY OR TOWN (If ou	otside carporote limits write	RURAL ond give near	rest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	et address)	d. STREET ADDRESS	none	•	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Baky	Boy "	Wall	4. DATE Mo OF DEATH	1/24/57	Year 19
Male While Widow	RRIED NEVER MARRIED DIVORCED	6/24/67	9. AGE (In year last birthday) yrs	Manths Days	Hours Min.3
10a. USUAL OCCUPATION (Give kind of work dane 10 during mast of working life, even if retired)	b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHFLACE, (Stole of	or foreign country)	12. CITIZEN OF	WHAT COUNTRY
13. FATHER'S NAME	all	14. MOTHER'S MAIDEN NA	AME Llaye	4.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 [Yes, no. of witnown] 1 [If yes, give wor or dates of service]	-	INFORMANT Pus. Marin W	all Ell ne	ch Me	d.
1B. CAUSE OF DEATN [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (of. (b). and (c).]	with			RVAL BETWEEN ET AND DEATH
75/X DUE TO Conditions, if ony, which) (b)	Congen	to Au	maly		
gave rise to immediate cause (a), stating the under-lying couse lost.	0 (	merings	coele)		
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GI	VEN IN PART 1(a) 19	PERFORMED?
OR CONTRIBUTING   CAUSE OF DEATH	SCRIBE HOW INJURY OCCUR	ED. (Enter nature of injury in Po	art I ar Part II af item 18.)		
Hour a.m. Whi		LACE OF INJURY (Hame, farm, actory, street, affice bldg., etc.)	20f. (City or town)	(County)	(State)
21. I certify that I attended the deced	sed fram	, 19, ta		,that   last sa	w the decease
actual SIGNATURE CLAFON X	18mh	h occurred atA	_M, fram the causes DDRESS (Street, city or town	and an the date , state)	DATE SIGNE
PHYSICIAN'S NAME (Typo)					
220. BURIAL, CREMATION, 22b. DATE THEREOF THEREOF THEREOF	22c. NAME OF CEMETERY Bellin Me	OR CREMATORY	22d. LOCATION (City, town,	or county)	(State)
23. EUNTERAL DIRECTOR'S SIGNATURE	Home de	LACE IN DATE ")	BY REGISTRAR 24b. REG	ISTRAR'S SIGNATURE	Donah
2065181XVO					

BUREAU V. E.

1961 9T 701

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6240 CERTIFICATE OF DEATH

06229

DECRASE  (I) FRANK  SEX  (a. COLOR OR RACE 7. MARRIED   NEVER MARRIED 10   8. DATE OF BIRTH  (I) SEX  (b. Male  (b) Mite  (c) SUAL OCCUPATION (Give kind of work done)  (b) SUAL OCCUPATION (Give kind of work done)  (b) SUAL OCCUPATION (Give kind of work done)  (c) SUAL OCCUPATION (Give kind of work done)  (d) Washington,  (d) Wa	0.020		CIE OI DEFAIL			Reg. Dist. N	No. 96	
Cact1  Cact1  Continue (If countied corporate limits, write RURAL and give neorest form)  BURAL and give neorest form)  Continue RURAL and give RURAL and give neorest form)  Continue RURAL and give RURAL and give neorest form)  Continue RURAL and give RURAL and give RURAL and give RESIDENCES  Continue RURAL and give RURAL and give RURAL and give RESIDENCES  Continue RURAL and give RURAL And	PLACE OF DEATH			here deceased liv		n: Residence b	efore admiss	ion)
b. CITY OR TOWN If outlide corporate limits, write RURAL and give nearest frown)  Perty Point  Washington  A MARC of Pospital (if not in hospital, give street oddress)  OR ROSTHALLING  A NAME OF CORPORAL (if not in hospital, give street oddress)  OR ROSTHALLING  A NAME OF CORPORAL (if not in hospital, give street oddress)  OR ROSTHALLING  STATE Models  A STREET ADDRESS  3144 Q St. N.W.  WASHINGTON  FRANK  A COLOR OR RACE  A COLOR OR RACE  A MODOWED  DIVORCED  DIVORCED  NOTE OF BIRTH  P. AGE (in year) If FUNDER 1 YEAR) IF UNDER 22 HI  MATE  WINDOWS DIVORCED  NOTE  STATE SHAME  WASHINGTON  NOTE  PATHERS NAME  WASHINGTON  NOTE  WASHINGTON  NOTE  WASHINGTON  NOTE  WASHINGTON  WASHI	-	MARYLAND	D.C.		b. COUNTY			
FURIAL CONTRIBUTION   3mos.25days   3mos.25days   4. Sets Address   4. Sets Address		te C. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate	limite write PI	PAL and give	nearest town	1
Veterans Administration Hospita    314, Q St., N.W.   VES   NOE   No.	RURAL and give nearest town)			A-	mana, mina ka	KAL ONG BITE	nedresi iowi	,
Veterans Administration Hospita    314, Q St., N.W.   VES   NOE   No.	Perry Point	13mos.25days		n 4-1	X3			Y
Veterans Administration Hospita    314, Q St., N.W.   VES   NOE   No.	d. NAME OF HOSPITAL (If not in hospital, give str OR INSTITUTION	eet oddress)	d. STREET ADDRESS	,				
NAME OF DEECEASED (Type or print)  FRANK  A. COLOR RACE 7. MARRIED NEVER MARRIED 11.99-1889  B. DATE OF BIRTH  MIDOWED 11.99-1889  B. DATE OF BIRTH  P. AGE (In year)  IN UNDER 174AP (1908)  Months Doys Hours Min Months Doys Hours Mark 10.00 birthday)  Male White WIDOWED 11.99-1889  Male White Widowed 10. Kind of work done 10b. Kind of 80s NiNESS OR INDUSTRY 11. BIRTHPIACE (State or foreign country)  Mashington D. C.  Mary Machine Name  William J. Walling  MAS DECASED EVER NU. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT  Mary McCeever  MAS DECASED EVER NU. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT  Mary McCeever  MAS DECASED EVER NU. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT  Mary McCeever  MAS DECASED EVER NU. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT  Mary McCeever  MAS DECASED EVER NU. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT  Mary McCeever  MAS DECASED EVER NU. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT  Mary McCeever  MAS DECASED EVER NU. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT  Mary McCeever  MAS DECASED EVER NU. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT  Mary McCeever  MAS DECASED EVER NU. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT  Mary McCeever  MAS DECASED EVER NU. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT  Address  Mary McCeever  MAS DECASED EVER NU. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT  Address  Mary McCeever  MAS DECASED EVER NU. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT  Address  Mary McCeever  MAS DECASED EVER NU. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT  Address  Mary McCeever  MAS DECASED EVER NU. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT  Address  Mary McCeever  MAS DECASED EVER NU. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT  Address  Mary McCeever  MAS DECASED E			3744 O St.	N.W.				
DECEASE  SEX  G. COLOR OR RACE  7. MARRIED NEVER MARRIED  DIVORCED  DIVORCED	NAME OF First	<u> </u>			Mont		Day	Veor
SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTY   9. AGE (In your foot brindly)   Months   1. Months				OF			/	
Male White Widows Divorced Divorced Divorced Divorced Divorced Divorced Divorced Give Individual Service of Se	PAUSIUN							-
Male white who were an investigated of work done of the country of	SEX 8. COLOR OR RACE //. A	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9.				
None   None   Washington, D.C.   USA					67 yrs.		110015	MIN.
None   None   Washington, D.C.   USA	o. USUAL OCCUPATION (Give kind of work done	Ob. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign count	ry)	12. CITIZEN	OF WHAT	COUNT
Hamping   Hamp						IIGA		
WAS DECEASED FVER IN U. S. ARMED FORCES? WAS DECEASED FVER IN U. S. ARMED FORCES. WAS DECEASED FOR IN U. S. ARMED FORCES. WAS DECEASED FOR IN U. S. ARMED FOR IN U. S. ARMED FORCES. WAS DECEASED FOR IN U. S. ARMED FOR IN U. S. A	FATHER'S NAME	Wolle				UDA		-
NAS DECEASEDEVER IN U. S. ARNED FORCES? In. O. SOCIAL SECURITY NO. 17. INFORMANT    Yes			14. MOTHER 3 MAIDER	NAME				
18. CAUSE OF DEATH   Enter only one couse per line for (a), (b), and (c).]   18. CAUSE OF DEATH   Enter only one couse per line for (a), (b), and (c).]   18. CAUSE OF DEATH   Enter only one couse per line for (a), (b), and (c).]   18. CAUSE OF DEATH   Enter only one couse per line for (a), (b), and (c).]   18. CAUSE OF DEATH   Enter only one couse per line for (a), (b), and (c).]   18. CAUSE OF DEATH   Enter only one couse per line for (a), (b), and (c).]   18. CAUSE OF DEATH   Enter only one couse per line for (a), (b), and (c).]   18. CAUSE OF DEATH   Enter only one couse (a), (b), and (c).]   18. CAUSE OF DEATH   Enter only one couse (a), storing the under lying couse lost. (c)   19. Cause (a), storing the under lying couse lost. (c)   19. Cause (a), storing the under lying couse lost. (c)   19. Cause (a), storing the under lying couse lost. (c)   19. Cause (a), storing the under lying couse lost. (c)   19. Cause (a), storing the under lying couse lost. (c)   19. Cause (a), storing the under lying couse lost. (c)   19. Cause (a), storing the under lying couse lost. (c)   19. Cause (a), storing the under lying couse lost. (c)   20. CACCIDENT WAS UNDERLYING   20. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.)   20. CACCIDENT WAS UNDERLYING   20. INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.)   20. CACCIDENT WAS UNDERLYING   20. INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.)   20. TIME OF INJURY Month, Day, Year 20. INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.)   20. TIME OF INJURY Month, Day, Year 20. INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.)   20. TIME OF INJURY Month, Day, Year 20. INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.)   20. TIME OF INJURY Month, Day, Year 20. INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.)   20. TIME OF INJURY Month, Day, Year 20. INJURY OCCURRED (Enter noture of injury in Por	William J. Walling		Mary McKe	ever				
The cause of Death [Enter only one couse per line for (a), (b), and (c).]   PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONS	WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 1	NFORMANT		Addre	158		
INTERVAL SETWEEN ONSET AND DEATH   Enter only one couse per line for (a), (b), and (c).   INTERVAL SETWEEN ONSET AND DEATH   PART I. DEATH WAS CAUSE (a)   Cerebral hemorphage   21, hours   22, hours   23, hours   23, hours   24, hours   25, hours   26, hou		Unisparen H.	anital Rass	de WATT	Dames	Daint	353	
PART I. DEATH WAS CAUSE (6)  Cerebral hemorphage  DUE TO  Conditions, if ony, which gove rise to immediate couse (c), toloning the under lying couse lost.  Part II. Other SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOSPERORMED?  YES NO B  20c. ACCIDENT WAS UNDERLYING COUNTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOSPERORMED?  YES NO B  20c. ACCIDENT WAS UNDERLYING COUNTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOSPERORMED?  YES NO B  20c. ACCIDENT WAS UNDERLYING COUNTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOSPERORMED?  YES NO B  20c. ACCIDENT WAS UNDERLYING COUNTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOSPERORMED?  YES NO B  20c. TIME OF INJURY Month, Day, Year A DORE OF INJURY (Home, form, form			OSIOTHST TREMOT	us, van,	remy		Md.	7147554
MAREDIATE CAUSE (a)   Cerebral nemorrhage   21. hours	BART I DEATH WAS CAUSED BY					ö	NSET AND	DEATH
Due to  Conditions, if ony, which gove rise to immediate couse (a), toloning the under lying couse lost.  Part II. Other significant conditions contributing to death but not related to the terminal disease condition given in part 1(a)  Part II. Other significant conditions contributing to death but not related to the terminal disease condition given in part 1(a)  Part II. Other significant conditions contributing to death but not related to the terminal disease condition given in part 1(a)  Part II. Other significant conditions contributing to death but not related to the terminal disease condition given in part 1(a)  Part II. Other significant conditions contributing to death but not related to the terminal disease condition given in part 1(a)  Part II. Other significant conditions contributing to death but not related to the terminal disease condition given in part 1(a)  Part II. Other significant conditions contributing to death but not related to the terminal disease condition given in part 1(a)  Part II. Other significant conditions contributing to death but not related to the terminal disease condition given in part 1(a)  Part II. Other significant conditions contributing to death but not related to the terminal disease condition given in part 1(a)  Part II. Other significant conditions contributing to death but not related to the terminal disease condition given in part 1(a)  Part II. Other significant disease condition given in part 1(a)  Part II. Other significant disease condition given in part 1(a)  Part II. Other significant disease condition given in part 1(a)  Part II. Other significant disease condition given in part 1(a)  Part II. Other significant disease condition given in part 1(a)  Part II. Other significant disease condition given in part 1(a)  Part II. Other significant disease condition given in part 1(a)  Part II. Other significant disease condition given in part 1(a)  Part II. Other significant disease condition given in part 1(a)  Part II. Other significant disease condition given in p	IMMEDIATE CAUSE (o)	erebral hemorrha	age				24 hou	rs
DUE TO    Source   State   Sta	420.0 DUE TO							
DUE TO    Source   State   Sta	Conditions, if ony, which )	me to Ateriosci	erotic boomt	diconco		1	Inches -	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPS PERFORMED?  20a. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   OR CONTRIBUTING   CAUSE OF DEATH   OR CONTRIBUTING   OR CONTRIBUTION   OR CONTRIBU	l gove rise to immediate!	de do moer rosere	eroure Heart	GISEASE			Inknow	n
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPS PERFORMED?  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  20c. TIME OF INJURY Month, Day, Year 19. While of work of while of work of while of work	couse (o), storing the under-							
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)  20c. TIME OF INJURY Month, Day, Year Hour o. pt. p. m. VA 19   20d. INJURY OCCURRED work of twork of two work of tw	/ ()							
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)  20c. TIME OF INJURY Month, Day, Year Hour o. pt. p. m. VA 19   20d. INJURY OCCURRED work of twork of two work of tw		NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CO	DNDITION GIVE	N IN PART 1(o	19. WAS	AUTOPS
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)  20c. TIME OF INJURY Month, Day, Year Hour o. pt. p. m. VA 19   20d. INJURY OCCURRED work of twork of two work of tw	33/x							
OR CONTRIBUTION CLUSE OF DEATH    County   County   County	20a. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Part II o	of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. ft.  p. m. VA  19  20d. INJURY OCCURRED While of work of while of work of two wor	OR CONTRIBUTING CAUSE OF DEATH							
Hour o. n.  p. m. VA  19 While of work of while of work of wor		I minute a constant last and		Ton				
21. I certify that attended the deceased from Feb. 12		i i i	ACE OF INJURY (Home, fare ctory, street, office bldg etc	n, i 20t. (City or	town)	(Coun	ty)	(Stote
21. I certify that attended the deceased from Feb. 12 1957, to June 7 1957, two tooks professional states and on the date stated above the signature 1957, to June 7 1957, two tooks professional above the stated above the signature 1957, two tooks professional above the stated above the signature 1957, two tooks professional above the stated above the signature 1957, two tooks professional above the stated above the signature 1957, two tooks professional above the stated above the signature 1957, two tooks professional above the stated above the signature 1957, two tooks professional above the signature 1957, two tooks professional above the stated above the signature 1957, two tooks professional 1957, two tooks professional 1957, two tooks professional above the signature 1957, two tooks professional 1957, two tooks profe	10							
ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  BURIAL, CREMATION, REMOVAL (Specify)  REMOVAL (Specify)  ACTUAL 20A M, from the causes and on the date stated about ADDRESS (Street, city or town, state)  DATE SIGNATURE  M.D. V. A. Hospital, Perry Point, Md. 6-9-5  PHYSICIAN'S NAME (Type)  Director Professional Services  22c. NAME OF CEMETERY OR CREMATORY  REMOVAL (Specify)  Removal  Arlington National  Ft. Myer, Va	21 1		10 <i>EE</i> . T.					
ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  BURIAL, CREMATION, REMOVAL (Specify)  REMOVAL (Specify)  ACTUAL SIGNATURE  M.D. V. A. Hospital, Perry Point, Md. 6-9-5  Director Professional Services  22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)  Arlington National Ft. Myer, Va								
ACTUAL SIGNATURE  M.D. V. A. Hospital, Perry Point, Md. 6-9-5  PHYSICIAN'S NAME (Type) W. OPPLUB  Director Professional Services.  REMOVAL (Specify) 226. DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)  Removal 6-9-57 Arlington National Ft. Myer. Va	200000000000000000000000000000000000000	Parage, and that death	occurred at 11:20	AM, from th	ne causes ar	nd on the	date state	ed abo
PHYSICIAN'S NAME (Type)  G. BURIAL, CREMATION, REMOVAL (Specify) Removal  Arlington National  M.D. V. A. Hospital, Perry Point, Md. 6-9-5  Director Professional Services.  22c. NAME OF CEMETERY OF CREMATORY  Arlington National  Ft. Myer. Va	1.1 //	00		<b>ADDRESS</b> (Street	, city or town, s	tate)	DA	TE SIG
PHYSICIAN'S NAME (Type)  G. BURIAL, CREMATION, REMOVAL (Specify) Removal  Physician'S NAME (Type)  Director Professional Services  22c. NAME OF CEMETERY OF CREMATORY REMOVAL (Specify) Removal  Physician'S NAME (Type)  Physician'S NAME (Type)  Professional Services  22c. NAME OF CEMETERY OF CREMATORY  REMOVAL (Specify)  Removal  Ft. Myer. Va	ACTUAL SIGNATURE	', LL )	un V A Hoen	ital Pa	name Dos	mt Ma	4	0 5
NAME (Type) W OPPLIER Director Professional Services.  BURIAL, CREMATION, REMOVAL (Specify) REMOVAL (Specify) Removal 6-9-57  Arlington National Ft. Myer Va	Sidnatura (M)		w.n. re-re-	الما والماتاء الما	arry rui	المتقد واللك	Ол	-A-5
o. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, lown, or county) (State) REMOVAL (Specify) Removal 6-9-57 Arlington National Ft. Myer. Va								
G. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Removal 6-9-57 Arlington National Ft. Myer Va			Di-rector P	rofessio	mel-Ser	vices.		
Removal 6-9-57 Arlington National Ft. Myer Va	Ra. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION	(City, town, or	county)		9)
		Anlington No	tional					32,1
						DAD'S SIGNA	TURE	
	VERNUTNORON & HOUSE	Havre de Grace	Md DATE	1-3	1 dyes	7-E- L	· Marion	20-91

funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld tached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 the registrar prizera burial, crematian, or remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55 CERTIFICATE OF DEATH

BUREAU V. S

2961 11 NII.

BECENAED

6208	CERTIFICA	ATE OF DEAT	Н	iimoke, i	Reg. Dist. No.	06230
1. PLACE OF DEATH o. COUNTY  CECIL	ELKTON, MARYLAND	2. USUAL RESIDENCE (W	here deceased	l lived. If institution b. COUNTY	CECIL	re admission)
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)     Elkton	15 years	c. CITY OR TOWN (IF				
d. NAME OF HOSPITAL (If not in hospitol, give stre OR INSTITUTION 355 W. Main S		d. STREET ADDRESS	Main	Street		ON A FARM? YES NO E
3. NAME OF DECEASED (Type or print) OLGA	Middle	WIDDOES	4. DATE OF DEATH	Tun		1957
FEMALE WHITE WIDO	RRIED NEVER MARRIED DIVORCED		1893	9. AGE (In years lost birthday) O4 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  At nome  3. FATHER'S NAME	House Work	Konesha 14. MOTHER'S MAIDEN	a, Wis	consin		S. A.
Roy Olsen		No info				
15. WAS DECEASEDEVER IN U. S. ARMED FORCES?     (If yes, give wor or dates of service)		homas M. Wi	Lddoes		"Main S	
DUE TO  Canditions, if any, which gove rise to immediate cause (a), stating the under-lying couse last.  (b)  DUE TO  (b)  (c)	arteur.	elentić	Heo	nt dis	Lar	12 hour
PART II. OTHER SIGNIFICANT CONDITION  PART II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER. NOTIFY MEDICAL EXAMINER)	S CONTRIBUTING TO DEATH BUT ESCRIBE HOW INJURY OCCURRE				EN IN PART 1(o) 1	P. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20d.		ACE OF INJURY (Home, farr ctory, street, affice bldg., etc	m, 20f. (City	or town)	(County)	(Stole)
21. I certify that I attended the decedative on well 6 , 19  ACTUAL SIGNATURE On Charles HYSICIAN'S NAME (Type)	1.00	occurred at 10 13	M, fram ADDRESS (SI)		nd on the da	the deceased te stated above.  PATE SIGNED  1907
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)  Burial 6-20-1957  23. FUNERAL DIRECTOR'S SIGNATURE	Gilpin Mano  Chilpin Mano  Chilpin Mano	r Memo Pk.	22d. LOCAT R. I	ION (City, town, o)  Elkto RAR 24b, REGIS		(Stote)

MARYLAND STATE DEPARTMENT OF HEALTH PALTIMODE



AND DAG . W. FBTTOIR

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